

FILED

JAN 11 2005

CATHY A. CATTERSON, CLERK
U.S. COURT OF APPEALS

IN THE UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

DONALD J. BEARDSLEE,)

Petitioner-Appellant)

v.)

JEANNE S. WOODFORD,)

Director of the Department of)

Corrections,)

JILL L. BROWN, Warden)

And Does 1-50)

Respondents-Appellee)

CA #

DC #

05-15042
C 04-5381 JF

APPELLANT'S EXCERPTS OF RECORD (vol. 2)

APPEAL FROM THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

HONORABLE JEREMY FOGEL
United States District Judge

Steven S. Lubliner (SBN 164143)
Law Offices of Steven S. Lubliner
P.O. Box 750639
Petaluma, California 94975
Telephone (707) 789-0516
Fax: (707) 789-0515
Attorney for Plaintiff-Appellant
DONALD J. BEARDSLEE

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EXHIBIT 'U'

ER
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AUTOPSY REPORTS
Autopsies of Death Row Inmates

#	<u>NAME</u>	<u>DATE OF DEATH</u>
1.	HARDING, Donald E.	4/6/92
2.	BREWER, John G.	3/3/93
3.	CLARK, James Dean	4/14/93
4.	JEFFERS, Jimmie W.	9/13/95
5.	BOLTON, Daren	6/19/96
6.	MATA, Luis Morine	8/22/96
7.	GREENAWALT, Randy	1/23/97
8.	WORATZECK, William	6/25/97
9.	CEJA, Jose Jesus	1/21/98
10.	VILLAFUERTE, Jose R.	4/22/98
11.	ROSS, Arthur M.	4/29/98
12.	GRETZLER, Douglas	6/3/98
13.	GILLIES, Jess James	1/13/99
14.	GERLAUGH, Darrick L.	2/3/99
15.	LAGRAND, Karl	2/24/99
16.	LAGRAND, Walter	3/3/99
17.	VICKERS, Robert W.	5/5/99
18.	POLAND, Michael	6/16/99
19.	ORTIZ, Ignacio	10/27/99
20.	CHANEY, Anthony L.	2/16/00

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#	<u>NAME</u>	<u>DATE OF DEATH</u>
21.	POLAND, Patrick	3/15/00
22.	MILLER, Don Jay	11/8/00
23.	ZARAGOZA, Reuben	5/3/99 (Not executed; Hepatitis C death)

ER
287

U-2

UNIVERSITY MEDICAL CENTER
1501 North Campbell Avenue, Tucson, Arizona 85724
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

NAME: CHANEY, ANTHONY
PT#: ML00-321
ACCT: 9987645

LOC: ML00 ROOM:
DR: PETERS, ERIC (OME)

AGE: 45Y

SEX: M
CODE: 02937

SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (OME only)

SPECIMEN SOURCE	COCAINE METABOLITE(S) ng/mL	OPiate METABOLITE(S) ng/mL	CANNABINOID METABOLITE(S) ng/mL	BENZODIAZEPINE METABOLITE(S) ng/mL	BARBITURATE SCREEN ng/mL
10/00 0001 AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	BORDERLINE

BR
288

0-3

MEDTOX
LABORATORIES

402 West County Road D
St. Paul, MN 55112
651-536-7466

901

602 382 2801 P.161/191

Harry G. McCoy, Pharm.D.
Jennifer A. Collins, Ph.D.
Thomas Swallen, M.D.
Karia Walker, Pharm.D.

TEST NAME & ADDRESS

UNIVERSITY MED CENTER-OME
DEPT. OF CLINICAL PATHOLOGY
1501 N. CAMPBELL AVE., RM 1402
TUCSON, ARIZONA 85724

PATIENT NAME / SOCIAL SECURITY #

CHANEY, ANTHONY

PATIENT ID. NO. / CHAIN OF CUSTODY #

ML00-321

AGE

SEX

ACCESSION #

A9040446

DATE COLLECTED

TIME COLLECTED

DATE RECEIVED

DATE REPORTED

REFERRING PHYSICIAN / EMPLOYEE ID

PETERS/

02/20/2000

00101

02/24/2000

03/06/2000

TEST(S) REQUIRED

RESULTS

UNITS

REFERENCE RANGE

THIOPENTAL AND METABOLITE

THIOPENTAL (PENTOTHAL)

THIOPENTAL (PENTOTHAL SODIUM)

2.8 (L)

ug/ml

4.0 - 60.0

NOTE: ANALYSIS PERFORMED ON WHOLE BLOOD.

THIS SPECIMEN WAS HANDLED AS A FORENSIC SPECIMEN UNDER CHAIN OF CUSTODY PROTOCOL.

PENTOBARBITAL (NEMBUTAL)

0.8 (L)

ug/ml

1.0 - 5.0

NOTE: PENTOBARBITAL CONCENTRATIONS AS HIGH AS 50 ug/ml MAY BE REQUIRED TO INDUCE THERAPEUTIC COMA.

NOTE: THIOPENTAL IS METABOLIZED TO PENTOBARBITAL.

*** FINAL REPORT ***

RECEIVED
MAR 09 2000

ER
289

BRIAN D. BLACKBOURNE, MD, FORENSIC PATHOLOGIST

**8 SOUTH CAYS COURT
CORONADO, CALIFORNIA 92118-3507**

Phone (858) 694-2899
Home Phone (619) 429-3007

March 1, 2000

Mr. Dale A. Baich, Assistant Federal Public Defender
Office of the Federal Public Defender
22 North Central, Suite 810
Phoenix, Arizona 85004

RECEIVED

MAR 6 2000

FEDERAL PUBLIC DEFENDER
DISTRICT OF ARIZONA

**RE: ANTHONY L. CHANEY, EXECUTED FEBRUARY 16, 2000
AT ARIZONA STATE PRISON, FLORENCE, ARIZONA**

Dr. Mr. Baich:

I am enclosing my report of witnessing the autopsy of Anthony L. Chaney. Dr. Eric Peters, Assistant Medical Examiner for Pima County, who performed the autopsy, has three more functions to complete. First is histology, submitting and reviewing microscopic sections of tissue from the autopsy. Second is toxicology. He is submitting body fluids and tissues to a local laboratory for screening. Positive results will be sent to a second laboratory in Minnesota for confirmation and quantitation. When both these first and second procedures are complete he will sign a final death certificate.

I will be available to review the microscopic slides and complete a microscopic findings report for you. Commonly if another pathologist wishes to review glass microscopic slides, a set of recuts are made. The fee varies but is usually between \$7.00 and \$12.00 per slide. There may be ten to fifteen slides. You will have to have some standing or authority to request these slides from the Pima County Medical Examiner's Office.

From speaking with Dr. Peters I believe he will submit blood and urine to the local lab with a request for their routine drug panel. I understand that, that panel will include thiopental (pentothal). I doubt if vacuronium or potassium will be included. My impression from my conversation with you is that you want to ensure that Mr. Chaney had sufficient thiopental in his system to produce unconsciousness and thus not feel any discomfort from the administration of the other chemicals. I suggested to Dr. Peters that he save brain tissue. My thought was that you might request a thiopental level in the brain. The brain is the organ involved in unconsciousness and of not feeling discomfort.

The vacuronium is a paralyzing drug and I presume it is administered so that the witnesses do not have to see any terminal jerking or other body movement. I'm not sure if the local or Minnesota

ATTY WORK COPY

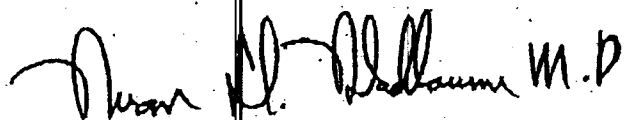
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U-5

labs can analyze for it. The reference lab we send our difficult test to is National Medical Services Laboratory in Willow Grove, Pennsylvania.

Potassium is the really lethal chemical. It was successful in that he died. Analyzing for it and interpreting its level would be difficult. Potassium is found naturally in the blood. The body in fact maintains the potassium level within a very narrow range during life. After death, however, it gradually rises as the cells have a higher concentration of potassium inside them than in the serum. As the cells die, potassium is released into the blood. I believe the level of potassium could be obtained but I don't know how easy it would be to interpret, especially four days after his death.

You should be prepared to pay for any special test you request. Test vary and labs vary with their charges. Individual tests may cost \$50.00 to \$200.00 per test.

If you have any questions I will be pleased to answer them.



BRIAN D. BLACKBOURNE, MD
FORENSIC PATHOLOGIST

ER
291

U-6

BRIAN D. BLACKBOURNE, M.D.
8 SOUTH CAYS COURT
CORONADO, CA 92118

REPORT OF WITNESS TO AUTOPSY

Name of deceased: ANTHONY L. CHANEY 45-W-M ML00-0321

Date and time of death: FEBRUARY 16, 2000 3:10 AM

Date and time of autopsy: FEBRUARY 20, 2000 1:10 PM - 3:10 PM

Place of death: ARIZONA STATE PRISON IN FLORENCE, ARIZONA

AUTOPSY FINDINGS:

- I. Intravenous lines in the left anterior elbow and right foot.
- II. Medical cutdown on right proximal foot.
- III. Three needle puncture marks on right forearm and puncture on left anterior elbow in addition to intravenous line.
- IV. Pulmonary congestion, marked and pulmonary edema, mild.
- V. Venous marbling of both anterior shoulders and both upper arms.
- VI. Firm liver.

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292
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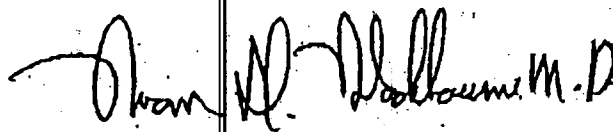
AUTOPSY REPORT

-2-

ANTHONY L. CHANEY 00-0321

OPINION: Anthony L. Chaney was a 45 year old white male inmate of the Arizona State Prison in Florence, Arizona. He had been incarcerated for 18 years. On February 16, 2000 he sustained a Judicial execution at the Arizona Prison in Florence. Circumstances of the execution are not known to the undersigned. Reportedly he was pronounced dead at 3:10 AM. By 5:00 AM, February 16, 2000 the body had been reportedly transported to the Medical Examiner's Office in Pima County, Tucson, Arizona. The body was held under refrigeration until the autopsy begin on the afternoon of February 20, 2000.

Further tests being performed by the Pima County Medical Examiner's Office include preparation and review of microscopic sections from various organs and toxicology examination of body fluids and tissues.



BRIAND D. BLACKBOURNE, M.D.
FORENSIC PATHOLOGIST

Date signed: 3-1-2000

BR
293

V-8

AUTOPSY REPORT

-3-

ANTHONY L. CHANEY 00-0321

REPORT OF WITNESS TO AUTOPSY

The autopsy was performed in the Pima County Medical Examiner's Office in Tucson, Arizona on Sunday, February 20, 2000 between 1:10 PM and 3:10 PM.

PRESENT AT AUTOPSY: The autopsy examination was conducted by Eric Peters, M.D., the undersigned Brian D. Blackbourne, M.D. was the pathologist witnessing the autopsy. Dr. Peters was assisted by two Autopsy Technicians. Other persons present included a pathology resident in training and a high school student on an internship.

IDENTIFICATION: Anthony L. Chaney was identified by prison records.

CLOTHING: The body was dressed in a blue uniform shirt, blue denim pants with the ankles rolled up, white vinyl underwear and a white sock on the left foot.

EXTERNAL DESCRIPTION

This is the body of a 45 year old white male 5 foot 8 inches tall and weighing 237 pounds (107.7 kilograms). The body is well nourished and well preserved with venous marbling noted over the shoulders and upper arms, bilaterally.

EVIDENCE OF MEDICAL TREATMENT: Three electrocardiogram terminals are present; one on the right anterior chest, one on the left anterior chest and one on the left lower lateral chest. An intravenous line is present in the medial aspect of the left antecubital fossa. The plastic catheter extends approximately 1 inch into the vein. A second needle puncture mark without an intravenous line is present on the lateral aspect of the left elbow. Three needle puncture marks without intravenous lines are present on the right arm; one at the anterior elbow, one on the mid right flexor forearm and one on the distal third of the flexor surface of the right forearm. A surgical cutdown is present on the top of the medial right foot, an intravenous line extended approximately 1 inch into the vein at that location.

HEAD: The scalp hair is brown and short cut averaging 1/4 inch in length. On the upper left parietal area, above the top of the left ear is a 2 inch long X 1/4 inch wide pressure mark indenting the scalp. The head apparently was resting on the edge of the autopsy table. No antemortem injuries are noted in the hair bearing scalp. The facial bones demonstrate no fracture. The irides are green. The pupils are equal, round and in mid dilatation. The conjunctivae are congested, more on the left than the right, probably due to the head being turned to the left. No petechial hemorrhages are present. The teeth of both upper and lower jaws are in good repair. The lips demonstrate no injuries. An

BR 294

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ANTHONY L. CRANEY 00-0321

AUTOPSY REPORT

estimated two days growth of face beard is present. No mustache is present.

NECK: The neck is symmetrical and shows no evidence of injury.

CHEST: Venous marbling, similar to that seen in early decomposition, is noted over both anterior shoulders and both upper arms. No other evidence of decomposition is noted about the external surface of the body.

ABDOMEN: The abdomen is slightly protuberant. No surgical scars, injuries or stria are noted.

GENITALIA: The genitalia are uncircumcised and both testes are present in the scrotum.

ARMS: The arms demonstrate the previously described needle puncture marks and one intravenous line on the left anterior elbow. No injuries are noted. No transverse wrist scars are present. The hands demonstrate no injury.

LEGS: There are no fractures of the legs. A vague oval blue mark is noted on the top of the left foot. It measures approximately 1-1/4 inch X 3/4 inch. A medical cutdown is present on the top of the medial aspect of the right foot. An intravenous line is present in a vein exposed by the cutdown. No ankle swelling is present.

BACK: No injuries are noted on the back. No surgical scars are apparent.

Rigor mortis is moderate and lividity is posterior.

INTERNAL DESCRIPTION

The subcutaneous midline abdominal fat is 5 cm thick. No aromatic odor is noted about the body.

CAVITIES: Pleural adhesions are absent. The peritoneal, pleural and pericardial cavities contain normal fluid.

MUSCULOSKELETAL SYSTEM: The ribs, pelvis and spine demonstrate no fracture.

CARDIOVASCULAR SYSTEM: The heart weighs 400 grams and exhibits neither muscle hypertrophy nor chamber dilatation. The intracardiac blood is congealed and dark purple. The coronary arteries arise normally. Serial sections demonstrate widely patent lumens throughout with no significant plaques or thromboses. The cardiac valves are thin and membranous without vegetation. Hemolytic staining is noted. The myocardium is uniform medium

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0-10

ANTHONY L. CHANEY 00-0321

-5-

AUTOPSY REPORT

brown without fibrosis or infarction. No injuries are present. The aorta demonstrates dark red-purple hemolytic staining. The intima is smooth. No plaques are present. All the branch ostia are patent. The left renal artery arises from the aorta near the distal end of the aorta due to the presence of a pelvic kidney.

RESPIRATORY SYSTEM: The right lung weighs 730 grams and the left lung 710 grams. The pleural surfaces are smooth. The pulmonary artery is patent, of normal diameter and exhibits no plaques. The intimal surface exhibits dark purple hemolytic staining. Slight red-brown foam exudes from the major bronchi. Sectioned surfaces of the lower lobes demonstrate marked congestion and mild edema. The anterior segments of the upper lobes are light pink and aerated. No preexisting abnormality is identified.

LIVER: The liver weighs 2240 grams. The capsular surface is smooth and has a slightly variegated brown-gray appearance. The margins are slightly rounded. The liver is slightly increased in size. Sectioned surfaces are uniform medium brown with an increase in consistency. The gallbladder contains 10 ml of green bile and no calculi. Lymph nodes in the porta hepatis are not remarkable.

PANCREAS: The pancreas is normally lobulated dark red-brown and exhibits early autolysis. No hemorrhage or fibrosis is apparent.

SPLEEN: The spleen weighs 330 grams. The capsule is smooth. The spleen is increased in size. Sectioned surfaces are firm uniform dark purple without grossly apparent lymphoid follicles. No injury is present to the spleen.

LYMPH NODES: Lymph nodes throughout the body are not remarkable.

ADRENAL GLANDS: The right adrenal is in its normal location adjacent to the upper pole of the right kidney. The left adrenal gland is adjacent to the diaphragm on the left upper medial abdomen. Sectioned surfaces of both are thin yellow without hemorrhage.

THYROID GLAND: The thyroid gland is of normal size and uniform dark brown on sectioned surface.

GASTROINTESTINAL SYSTEM: The stomach contains approximately 1 ounce of brown liquid and green vegetable material. The gastric mucosa demonstrates mild congestion without ulceration. The rugi are flattened. The esophageal mucosa is smooth gray-pink. No lesions are present. The entire large and small bowels are opened. No foreign material is identified within the bowel. The mucosa is mildly congested without lesions. Normal bowel content is present. The appendix is present and normal.

KIDNEYS: The right kidney arises in normal position and weighs 200

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AUTOPSY REPORT

-6-

ANTHONY L. CHANEY 00-0321

grams. The left kidney is present in a pelvic position overlying the brim of the pelvis. The left kidney exhibits a 1 cm in diameter focal depression near one pole. The right renal artery arises from the aorta in normal position and has a patent lumen. The left renal artery arises from the distal portion of the aorta. The ureters both have normal diameters. A bifid ureter is present on the left. Sectioned surfaces of both kidneys demonstrate only the focal depression in the left kidney. The architecture is otherwise normal. No focal abnormalities are present. Moderate congestion is present. The urinary bladder contains 20 ml of dark amber urine.

The prostate gland is of normal size and sectioned surfaces are unremarkable. The testes are both examined. No hemorrhage is present about the testes. Sectioned surfaces are unremarkable.

NECK: The skin of the anterior neck demonstrates no injury. There is no hemorrhage beneath the skin or in the muscles of the anterior neck. The laryngeal lumen is patent. The mucosa demonstrates mild congestion. The bony structures of the larynx demonstrate no fracture. There is no fracture of the cervical spine. There is no hemorrhage present anterior to the cervical spine or in the anterior paravertebral muscles. Both the oropharynx and nasopharynx are patent. The tongue demonstrates no hemorrhage or evidence of bite mark.

HEAD: The scalp exhibits only the pressure mark noted on the left upper parietal scalp. No hemorrhage is present beneath the scalp or in the temporal muscle. The pressure mark is interpreted as being postmortem. The skull exhibits no fracture either of the base or the convexity of the skull. There is no subdural or epidural hemorrhage present.

CENTRAL NERVOUS SYSTEM: The brain weighs 1360 grams. The leptomeninges are smooth and glistening. The sulci and gyri have a normal anatomic configuration without swelling. The vessels at the base of the brain have thin walls and a normal anatomic configuration without plaques or aneurysms. The unci are notched symmetrically. There is no cerebellar tonsil herniation. Multiple coronal sections of the cerebral hemispheres and transverse sections of the pons, cerebellum and medulla demonstrate normal architecture with no contusion hemorrhage, intracerebral hemorrhage, tumor or stroke. The ventricles have normal diameters. The unci are examined. Both hippocampi have a normal appearance and are symmetric. No evidence of hippocampi sclerosis is virtually identified.

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V-12

AUTOPSY REPORT

-7-

ANTHONY L. CHANEY 00-0321

SPECIMENS RETAINED

TOXICOLOGY: Central blood and approximately 30 ml of peripheral blood from both right and left iliac veins, urine (20 ml), bile (approximately 10 ml), liver, brain and vitreous are submitted.

HISTOLOGY: Sections of heart, lung, liver and brain are submitted.

PHOTOGRAPHY: 35 mm photographs were taken by Dr. Peters.

X-RAYS: No x-rays were taken.

ER
298

V-13

MAR-07-2004 13:17

HOSPITAL HABEAS

602 382 2801 P.014/191

PATIENT NAME & ADDRESS

UNIVERSITY MED CENTER-OME
DEPT. OF CLINICAL PATHOLOGY
1501 N. CAMPBELL AVE., RM 1402
TUCSON, ARIZONA 85724

PATIENT NAME

BREWER, JOHN

PATIENT ID. NO.

D570095

AGE

SEX

SPECIMEN NO.

G747592

DATE COLLECTED

TIME COLLECTED

DATE RECEIVED

DATE REPORTED

03/03/93

00:01

03/12/93

10:58 AM
03/14/93

REFERRING PHYSICIAN

ML930271 PARKS/OME TUCSON AZ

TEST(S) REQUESTED

RESULTS

UNITS

THERAPEUTIC RANGE

THIOPENTAL (PENTOTHAL)
THIOPENTAL (PENTOTHAL SODIUM)

2.7 (L)

ug/ml

4.0 - 60.0

*** FINAL REPORT ***

*Bgm**DP 12/1/93**ER**299**U-14*

1501 North Campbell Avenue, Tucson, Arizona
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

NAME: CLARK, JAMES
PT#: ML-930502
ACCT: 9987645

LOC: ML ROOM:
DR: HOWARD, JOHN DALE

AGE: 35Y

SEX: M
CODE: 02559

TEST:	SPECIMEN	VOLATILE SUBSTANCES			
		ETHANOL mg/dL	METHANOL mg/dL UNDE	ACETONE mg/dL UNDE	ISOPROPANOL mg/dL UNDE
UNITS:					
04/14/93	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED
0001					

TEST:	SPECIMEN	VITREOUS ELECTROLYTES						
		SODIUM MMOL/L	POTASSIUM MMOL/L	CHLORIDE MMOL/L	CARBON DIOXIDE MMOL/L	GLUCOSE mg/dL	UREA mg/dL	CREATININE mg/dL
UNITS:								
04/14/93	VITREOUS	122*	3.7*	121*	15*	27*	13	0.8
0001								

TEST:	SPECIMEN SOURCE	COCAINE METABOLITE(S) ng/mL	OPIATE METABOLITE(S) ng/mL	SUBSTANCE OF ABUSE		AMPHETAMINE & RELATED COMPOUNDS	BARBITURATE SCREEN
				CANNABINOIDS METABOLITE(S)	BENZODIAZEPINE METABOLITE(S)		
UNITS:							
04/14/93	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	NOT DONE	UNDETECTED		
0001				DEP			
0001	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	Positive PASM	UNDETECTED

FOOTNOTES

DEP WRONG TUBE/SPECIMEN TYPE

PASM PRESUMPTIVE EVIDENCE FOR PRESENCE OF A SYMPATHOMIMETIC AMINE (I.E.; AMPHETAMINE OR PHENYLPROPANOLAMINE, ETC.) IT IS RECOMMENDED THIS SAMPLE BE EXAMINED BY AN ALTERNATE METHOD TO IDENTIFY THE SUBSTANCE GIVING POSITIVE REACTION.

ER
300

U-15

MAR-07-2004 13:20

CAPITAL HABEAS

602 382 2801 P.025/191

9000

TEST TYPE:

EDTOX402 West County Road C
St. Paul, MN 55118
612-638-7488

AGE & ADDRESS

UNIVERSITY MED CENTER-ONE
DEPT OF CLINICAL PATHOLOGY
101 N. CAMPBELL AVE., RM 1402
TUCSON, ARIZONA 85724

PATIENT NAME

CLARK, JAMES

PATIENT ID. NO.

D570120

AGE

SEX

SPECIMEN NO.

6798281

DATE COLLECTED

TIME COLLECTED

DATE RECEIVED

DATE REPORTED

04/14/93

04/17/93

9:30 PM

04/19/93

PHYSICIAN

930502/DR. J HOWARD ONE

TESTER REQUESTED

RESULTS

UNITS

THERAPEUTIC RANGE

THIOPENTAL (PENTOTHAL)
THIOPENTAL (PENTOTHAL SODIUM)

2.5 (L)

ug/ml

4.0 - 60.0

*** FINAL REPORT ***

ER
301

U-6

1501 NORTH CAMPBELL AVENUE, TUCSON, ARIZ 85724
KENNETH J. RYAN, M.D., MEDICAL DIRECTOR
DEPARTMENT OF PATHOLOGY

NAME: JEFFERS, JIMMIE

PT#: ML-951290

LOC: ML

ROOM:

AGE: 49Y

SEX: M

ACCT: 9987645

DR: PARKS, BRUCE (OME)

CODE: 01783

DR: DENTON, SCOTT (PATH)

ST:	SPECIMEN	ETHANOL MG/DL	METHANOL MG/DL	ACETONE MG/DL	ISOPROPANOL MG/DL
ITS:					
HT:					
V 4/85					
0001	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

ST:	SPECIMEN SOURCE	COCAINE METABOLITE(S) NG/ML	OPiate METABOLITE(S) NG/ML	CANNABINOID METABOLITE(S) NG/ML	BENZODIAZEPINE METABOLITE(S) NG/ML	AMPHETAMINE & RELATED COMPOUNDS NG/ML	BARBITURATE SCREEN NG/ML
ITS:							
V 4/95							
0001	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

BP

BR

302

U-17

MAR-07-2004 13:23

HOSPITAL HABEAS

602 382 2801 P.038/191

MEDTOX
LABORATORIES402 West County Road D
St. Paul, MN 55112
612-636-7488

9000

D. Gary Hemphill, Ph.D.
Harry G. McCoy, Pharm. D.
Jennifer A. Collins, Ph.D.

PATIENT NAME & ADDRESS

UNIVERSITY MED. CENTER-OWE
DEPT. OF CLINICAL PATHOLOGY
1601 N. CAMPBELL AVE., RY 1402
TUCSON, ARIZONA 85724

PATIENT NAME

JEFFERS, JIMMIE

PATIENT ID. NO.

ML951290

AGE

SEX

SPECIMEN NO.

A197404

DATE COLLECTED

TIME COLLECTED

DATE RECEIVED

DATE REPORTED

09/20/95

09/20/95

5:25 PM

09/23/95

REFERRING PHYSICIAN

PARKS/

TEST(S) REQUESTED

RESULTS

UNITS

THERAPEUTIC RANGE

THIOPENTAL AND METABOLITE

THIOPENTAL (PENTOTHAL)

THIOPENTAL (PENTOTHAL SODIUM)
ANALYSIS PERFORMED ON WHOLE BLOOD.

8.2

ug/ml

4.0 - 60.0

PENTOBARBITAL (NEMBUTAL)
ANALYSIS PERFORMED ON WHOLE BLOOD.

2.6

ug/ml

1.0 - 5.0

NOTE: PENTOBARBITAL CONCENTRATIONS AS HIGH AS 50 ug/ml MAY BE
REQUIRED TO INDUCE THERAPEUTIC COVA.

NOTE: THIOPENTAL IS METABOLIZED TO PENTOBARBITAL.

*** FINAL REPORT ***

SEP 28 1995

Bf

ER
303

U-16

MEDTOX
LABORATORIES402 West County Road D
St. Paul, MN 55112
612-636-7456D. Gary Hemphill, Ph.D.
Harry G. McCoy, Ph.D.
Jennifer A. Collins, Ph.D.

PATIENT NAME & ADDRESS

PATIENT NAME / SOCIAL SECURITY

CEJA, JOSE JESUS

PATIENT ID. NO. / CHAIN OF CUSTODY

PCME-98019

AGE

SEX

ACCESSION

A5369774

REFERRING PHYSICIAN / EMPLOYEE ID

DATE COLLECTED

TIME COLLECTED

DATE RECEIVED

DATE REPORTED

RENDON/

01/21/98

11:15

02/11/98

6:24 AM

02/15/98

TEST(S) REQUIRED

RESULTS

UNITS

REFERENCE RANGE

THIOPENTAL AND METABOLITE

THIOPENTAL (PENTOTHAL)

THIOPENTAL (PENTOTHAL SODIUM)

8.8

ug/ml

4.0 - 60.0

NOTE: ANALYSIS PERFORMED ON WHOLE BLOOD.

PENTOBARBITAL (NEMBUTAL)

2.0

ug/ml

1.0 - 5.0

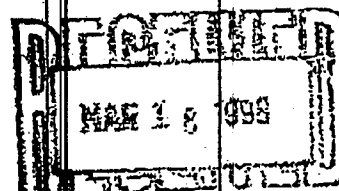
NOTE: ANALYSIS PERFORMED ON WHOLE BLOOD.

NOTE: PENTOBARBITAL CONCENTRATIONS AS HIGH AS 30 ug/ml MAY BE
REQUIRED TO INDUCE THERAPEUTIC COMA.

NOTE: THIOPENTAL IS METABOLIZED TO PENTOBARBITAL.

FEB 23 1998

*** FINAL REPORT ***

ER
300

V-19

UNIVERSITY MEDICAL CENTER
1501 North Campbell Avenue, Tucson, Arizona 85724
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

NAME: CEJA, JOSE JESUS

PT#: PCME-98019

LOC: PCME

ROOM:

AGE: 42Y

SEX: M

ACCT: 9981192

DR: REMON, HUMBERTO (PCME)

CODE: 02871

		VOLATILE SUBSTANCES						
TEST:	SPECIMEN	ETHANOL	ETHANOL	METHANOL	ACETONE	ISOPROPANOL		
UNITS:		ng/dL	ng/dL	ng/dL	ng/dL	ng/dL		
LO-HI:		UNDE	UNDE	UNDE	0-20	UNDE		
01/21/98								
* 1115	AUTOPSY BLOOD		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		
* 1115	AUTOPSY URINE		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		
		SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)						
TEST:	SPECIMEN	COCAINE	OPiate	CANNABINOID	BENZODIAZEPINE	AMPHETAMINE	BARBITURATE	
	SOURCE	METABOLITE(S)	METABOLITE(S)	METABOLITE(S)	METABOLITE(S)	& RELATED COMPOUNDS	SCREEN	
UNITS:		ng/mL	ng/mL	ng/mL	ng/mL	ng/mL	ng/mL	
01/21/98								
* 1115	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		Positive	
* 1115	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	

CEJA, JOSE JESUS
01/27/98 22:53

PAGE: 1

PCME-98019
OF DAILY COM

BR
305

01-20

UNIVERSITY MEDICAL CENTER
1501 North Campbell Avenue, Tucson, Arizona
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

002 382 2801 P.150/151

24

NAME: ORTIZ, IGNACIO
PT#: ML-991551
ACCT: 9987645

LOC: ML ROOM:
DR: PETERS, ERIC (OME)

AGE: 57Y

SEX: M
CODE: 02937

SPECIMEN SOURCE	SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (OME only)					
	COCAINE	OPIATE	CANNABINOID	BENZODIAZEPINE	AMPHETAMINE	BARBITURATE
	METABOLITE(S) ng/mL	METABOLITE(S) ng/mL	METABOLITE(S) ng/mL	METABOLITE(S) ng/mL	& RELATED COMPOUNDS ng/mL	SCREEN ng/mL
AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

ER
306

0-21

MEDTOX
LABORATORIES

402 West County Road D
St. Paul, MN 55112
651-636-7488

900

Harry G. McCoy, Pharm.D.
Jennifer A. Collins, Ph.D.
Thomas Swallen, M.D.
Karl Walker, Pharm.D.

NAME & ADDRESS		PATIENT NAME / SOCIAL SECURITY #		AGE		SEX		ACCESSION #	
UNIVERSITY MED CENTER-ONE DEPT. OF CLINICAL PATHOLOGY 1501 N. CAMPBELL AVE., RM 1402 TUCSON, ARIZONA 85724		ORTIZ, IGNACIO						A8468471	
REFERRING PHYSICIAN / EMPLOYEE ID		PATIENT ID. NO. / CHAIN OF CUSTODY #		DATE COLLECTED		TIME COLLECTED		DATE RECEIVED	
PETERS/		ML991551		10/28/1999				11/11/99	
TEST(S) REQUIRED		RESULTS		UNITS		REFERENCE RANGE		DATE REPORTED	
THIOPENTAL AND METABOLITE								3:30 PM	
THIOPENTAL (PENTOTHAL)								11/18/99	
THIOPENTAL (PENTOTHAL SODIUM)		7.8		ug/ml		4.0 - 60.0			
NOTE: ANALYSIS PERFORMED ON WHOLE BLOOD. THIS SPECIMEN WAS HANDLED AS A FORENSIC SPECIMEN UNDER CHAIN OF CUSTODY PROTOCOL.									
PENTOBARBITAL (NEMBUTAL)		1.1		ug/ml		1.0 - 5.0			
NOTE: ANALYSIS PERFORMED ON WHOLE BLOOD. THIS SPECIMEN WAS HANDLED AS A FORENSIC SPECIMEN UNDER CHAIN OF CUSTODY PROTOCOL.									
NOTE: PENTOBARBITAL CONCENTRATIONS AS HIGH AS 50 ug/ml MAY BE REQUIRED TO INDUCE THERAPEUTIC COMA.									
NOTE: THIOPENTAL IS METABOLIZED TO PENTOBARBITAL.									
*** FINAL REPORT ***									

RECEIVED
NOV 23 1999

ER
307

0-22

PATIENT INFORMATION

SPECIMEN INFORMATION

PHYSICIAN INFORMATION

ID, ML9a-1092X

Report Status: **COMPLETE**

DR. A SIBLEY

COLLECTED:

FASTING:

RECEIVED: 08/22/96

COMMENTS:

SEX:

DOB: 08/22/1917

TEST

IN RANGE

OUT OF RANGE

UNITS

REFERENCE RANGE

INITIAL CUT-OFF LEVEL (ng/mL)
CONFIRM CUT-OFF LEVEL (ng/mL)

ELECTROLYTES, VITREOUS FLUID

Collected: 08/22/96

SODIUM
POTASSIUM
CHLORIDE

144

7.4 H

126 H

MEQ/L 155-148

MEQ/L 3.5-5.2

MEQ/L 96-112

ALL ABNORMAL RESULTS HAVE BEEN VERIFIED BY REPEAT ANALYSIS.

GLUCOSE
UREA
CREATININE

10 L

27 L

MEQ/L 23-33

MG/DL 65-110

MG/DL 10-20

MG/DL 0.5-1.3

THIN LAYER CHROMATOGRAPHY

Collected: 08/22/96

SPECIMEN TYPE:
URINE

URINE

RESULTS CONSISTENT WITH THE PRESENCE OF:

CAFFEINE

UNIDENTIFIED SUBSTANCE PRESENT

MAY OR MAY NOT BE DRUG RELATED (PER TOXI-LAS KEVIN)

DRUGS

Collected: 08/22/96

SPECIMEN TYPE:
BLOOD
ETHANOL
ISOPROPANOL
KETONE

BLOOD

NEGATIVE

NEGATIVE

NEGATIVE

NEGATIVE

SUBSTANCE ANALYSIS

Collected: 08/22/96

RESULT

BLOOD LEVEL TRICHOETAL (SODIUM PENTOTHAL)

POSITIVE 20 ug/L

DRUGS ABUSE SCREEN

Collected: 08/22/96

VIEWED BY: KS DATE 10/96

Area/Route: 1/1

Reported: 10/04/96 17:29

(Continued on Next Page)

BR
308 U-13

JOHN G. BREWER

ML 93-0271

AUTOPSY REPORT

PINAL COUNTY, ARIZONA

ARIZONA DEPARTMENT OF CORRECTIONS

CASE #93-03-0126-A01-40

MARCH 3, 1993

ER
309
U-24

Re: John G. Brewer

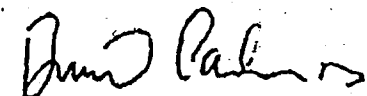
Page 2

PATHOLOGIC DIAGNOSES:

1. Acute combined drug intoxication, judicial execution
 - A. Pulmonary congestion and edema
2. Absent appendix

OPINION:

This 27 year old man died of acute combined drug intoxication.



Bruce O. Parks, M.D.
Forensic Pathologist

BOP/aef

ER
310
U-25

Re: John G. Brewer

Page 3

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF DEATH:

The deceased is a 27 year old white male (DOB: November 8, 1965) who was executed by the Arizona Department of Corrections. He was pronounced dead at 0019 hours on March 3, 1993.

AUTHORIZATION:

The postmortem examination is performed under the authorization of the Pinal County Medical Examiner.

IDENTIFICATION:

The body of John Brewer is identified by Department of Corrections officers. An identification photograph and fingerprints are taken.

BR
311
U-26

Re: John G. Brewer

Page 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE AUTOPSY:

The postmortem examination of John Brewer is performed at the Forensic Science Center, 2825 East District Street, Tucson, Arizona, commencing at 0915 hours on March 3, 1993. Assisting in the examination are Mrs. Maria Saylor and Mr. William Ferguson. Witnessing the examination is Dr. Kerry Brady.

GENERAL INSPECTION:

The clad unembalmed body is received within a sealed white body bag.

CLOTHING AND PERSONAL EFFECTS:

- 1) One pair of white socks
- 2) One pair of blue denim pants
- 3) One blue shirt. The shirt is unbuttoned exposing the chest and abdomen.
- 4) One pair of plastic and white cloth undershorts.

EXTERNAL EVIDENCE OF MEDICAL INTERVENTION:

- 1) Gauze and tape cover a puncture wound of the left antecubital fossa. There is associated purple subcutaneous hemorrhage covering an area 0.5 cm in diameter.
- 2) Gauze and tape cover a puncture wound of the right antecubital fossa.

EXTERNAL EVIDENCE OF INJURY:

(See "EXTERNAL EXAMINATION").

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished white man appearing his recorded age measuring 180 cm (71 inches) and weighing 93.2 kg (205 pounds). Rigor is well-developed in the jaw and extremities and there is dependent posterior slightly blanchable purple livor. The body is cool.

Head and Neck:

Scalp hair is brown with longest hairs of 9 cm. There is slight frontal balding. The eyes are brown and each pupil measures 0.5 cm in diameter. The nose is in the midline. The ears are sym-

BR

312

U-27

ML 93-0271

Re: John G. Brewer

Page 5

Head and Neck (Continued):
metrical. The natural teeth are within the mouth. There is no evidence of injury of the oral mucosa. A brown beard stubble shows longest hairs of 0.1 cm. The neck is symmetrical and the trachea is in the midline.

Trunk:
The chest is symmetrical and is covered with brown hair. The abdomen is slightly rounded. Over the left inferior antero-lateral chest is an ovoid yellow 2.0 x 1.5 cm contusion. The genitalia are that of a normal circumcised male. Both testes are descended in the scrotal sac. Pubic hair is brown and moderately abundant. The back, buttocks and anus are unremarkable.

Extremities:
The upper extremities are symmetrical. The fingernails are short, thin, and well-trimmed. Over the volar right forearm is a round yellow 1.5 cm diameter contusion. Over the anterior left arm are two poorly defined areas of yellow discoloration. Each is 1.5 cm in greatest dimension. Over the dorsal left thumb is a 0.1 cm round brown abrasion. Over the medial right arm is a 0.4 x 0.3 cm purple contusion. The lower extremities are symmetrical. There is no peripheral edema. The toenails are short and thin. Over the anterior left lower leg are two ovoid yellow contusions each 2.5 cm in greatest dimension. Over the superior medial right lower leg near the knee is an ovoid 3.0 x 1.5 cm yellow contusion with a 1.0 x 0.1 cm linear crusted brown abrasion. Over the dorsal right forearm is a 2.0 x 1.5 cm ovoid purple-red contusion.

IDENTIFYING SCARS, MARKS, TATTOOS:

- 1) Over the abdomen is a vertical well-healed 26 cm scar.
- 2) Over the volar right wrist are several oblique less than 0.1 cm wide well-healed scars covering a 4.0 x 0.8 cm area.

INTERNAL EVIDENCE OF MEDICAL THERAPY:

None.

INTERNAL EVIDENCE OF INJURY:

None.

INTERNAL EXAMINATION:

ER
313
U-28

Re: John G. Brewer

Page 6

Body Cavities:

The usual Y-shaped incision is made and the organs of the thorax and abdomen are in their normal anatomic relationships. There is no peritoneal or pleural fluid. 5 ml of amber fluid is within the pericardial sac. There is no abnormal intracranial fluid. There are multiple adhesions of the abdominal viscera.

Neck:

The neck musculature is free of hemorrhage. The organs of the neck are in their normal anatomic relationships. The hyoid bone and thyroid cartilage are intact.

Cardiovascular System:

The heart weighs 410 gm and is in the normal configuration. Epicardial surfaces are yellow to brown. The endocardium is gray-brown. The myocardium is brown without fibrosis or discoloration. The thicknesses of the left and right ventricles are 1.4 and 0.3 cm, respectively. Valve leaflets are thin and flexible and are of the appropriate number. There is no chamber dilatation. The left coronary artery is predominant. The coronary arteries show minimal atherosclerosis as does the aorta.

Respiratory System:

The larynx and trachea are free of hemorrhage and ulceration. The left lung weighs 580 gm, and the right 530 gm. Pleural surfaces are pink-tan to red-blue. Sections are pink-tan to red-blue without abscesses or masses. The hilar lymph nodes are of normal size and shape. The pulmonary vasculature is free of thromboemboli.

Gastrointestinal Tract:

The esophagus is free of hemorrhage and ulceration. The stomach contains approximately 600 ml of partially digested brown food material consisting of what appears to be brown meat and possibly light colored fruit with other non-recognizable food. The gastric mucosa is normally folded. The stomach and small intestine are free of hemorrhage and ulceration. The appendix is absent. The large intestine is unremarkable.

Liver:

The liver weighs 2360 gm. The liver capsule is brown. Sections are brown without abscesses or masses. The gallbladder contains 5 ml of green-brown bile. The gallbladder wall is of normal thickness. No calculi are present.

ER
314
0-29

Re: John G. Brewer

Page 7

Pancreas:

The pancreas is of normal size and shape. Sections are lobular and tan without fat necrosis or hemorrhage.

Hematopoietic System:

The spleen weighs 500 gm. The spleen capsule is blue-gray and smooth. Sections are red-blue without infarcts or masses. Systemic lymph nodes are of normal size and shape. The bone marrow is red-brown and unremarkable. The thymus is unremarkable.

Genitourinary Tract:

The left kidney weighs 260 gm, and the right 240 gm. Capsules strip easily from each kidney revealing smooth brown surfaces. Sections show no cysts or scars. The collecting system of each kidney is unremarkable. The ureters are of normal caliber. The urinary bladder contains 300 ml of amber urine. The urinary bladder mucosa is tan. The prostate is of normal size and shape. Sections are tan without nodules. The testes are of normal size and shape. Sections are soft and brown without masses.

Endocrine System:

The pituitary is of normal size and shape. Each adrenal weighs approximately 4 gm. The cortices are yellow and are of normal thickness. No masses are present. The thyroid weighs 20 gm. The lobes are symmetrical and are brown. Sections are brown without cysts or nodules.

Musculoskeletal System:

The general musculature is well-developed. No skeletal abnormalities are appreciated.

Central Nervous System:

The scalp is free of hemorrhage and laceration. There is no subgaleal hemorrhage. The skull shows no evidence of fracture. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1810 gm. The hemispheres are symmetrical and there are no foci of softening. The circle of Willis shows minimal atherosclerosis. There is no evidence of herniation. The brain is sectioned coronally. The ventricles are of normal caliber and are free of hemorrhage. There are no intracerebral masses or foci of hemorrhage.

BR
315
U-30

Re: John G. Brewer

Page 8

MICROSCOPIC EXAMINATION

Heart:

A section of left ventricle shows no evidence of myocardial necrosis.

Lung:

Section shows vascular congestion.

Kidney:

Section is unremarkable.

Liver:

Section is unremarkable.

Brain:

Sections of cerebellum, hippocampus, and cerebral cortex are unremarkable.

TOXICOLOGY (SEE ATTACHED REPORT)

ER
3/6

U-31

NAME: GREGORY, JOHN GEORGE

PIR: MI-930271

LOD: MI

ROOM:

AGE: 27Y

SEX: M

ADCT: 9907445

OR: PARKS, BRUCE (OKE)

CODE: 01783

UNVOLATILE SUBSTANCES

TEST: SPECIES ETHANOL METHANOL ACETONE ISOPROPANOL

UNIT: 15/ML 15/ML 15/ML 15/ML

15/ML 15/ML 15/ML 15/ML

TEST: AUTOPSY BLOOD UNDETECTED UNDETECTED UNDETECTED UNDETECTED

TEST: SPECIES ETHANOL POTASSIUM CHLORIDE CARBON DIOXIDE UREA CREATININE

UNIT: 15/ML 15/ML 15/ML 15/ML 15/ML 15/ML

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BREWER, JOHN GEORGE
03/07/93 01:02

ER MI-930271
317 FINH. REP

U-32

JAMES DEAN CLARK

ML 93-0502

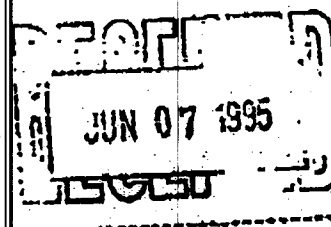
AUTOPSY REPORT

PINAL COUNTY, ARIZONA

DEPARTMENT OF CORRECTIONS

CASE # 93040405A0101

APRIL 14, 1993



BR
317 U-34

HL 93-0502

Re: James Dean Clark

Page 2

PATHOLOGIC DIAGNOSIS:

1. Death by lethal injection

OPINION:

This man's death is attributed to lethal injection administered for purposes of judicial execution.

John D. Howard, M.D.
John D. Howard, M.D.
Forensic Pathologist

JDH:klf

BR
320

U-35

ML 93-0502

Re: James Dean Clark

Page 3

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF DEATH:

The deceased is a 35-year-old white male (DOB: October 18, 1957).
The deceased is reported to have died by lethal injection at
the Arizona State Prison in Florence.

AUTHORIZATION:

The postmortem examination is performed under the authorization
of the Pinal County Medical Examiner's office.

IDENTIFICATION:

The body of James Dean Clark is identified by an inmate identi-
fication card and Department of Corrections staff. An identifi-
cation photograph and fingerprints are taken.

ER
321 U-36

ML 93-0502

Re: James Dean Clark

Page 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE AUTOPSY:

The postmortem examination of James Dean Clark is performed at the Forensic Science Center, 2825 E. District Street, Tucson, Arizona, commencing at 1040 hours on April 14, 1993. Assisting in the examination are Mrs. Maria Saylor and Mr. William Ferguson.

GENERAL INSPECTION:

The clothed, unembalmed body is received in a sealed body bag.

CLOTHING AND PERSONAL EFFECTS:

- 1) A blue short-sleeved shirt is positioned over the shoulders, arms, and back. The buttons are undone and the chest is exposed.
- 2) An earring with a single stone passes through a pierced hole in the lobe of the left ear.
- 3) Eyeglasses are positioned on the face initially.
- 4) A yellow metal chain necklace with attached yellow metal pendant encircles the neck.
- 5) Blue denim jeans with rolled cuffs are appropriately positioned. The zipper is in the up position. The front snap is undone.
- 6) White socks are appropriately positioned.
- 7) A yellow metal ring encircles the 4th digit of the left hand.
- 8) Plastic and cloth underpants are appropriately positioned.

EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:

None.

EXTERNAL EXAMINATION:

The body is that of an adult white male measuring 186.7 cm (73-1/2 inches) and weighing 90 kg (198 pounds). Rigor is present. Lividity is purple, blanches to pressure, and is present posteriorly. The body is cold to touch and has been refrigerated.

ER
322

U-37

ML 93-0502

Re: James Dean Clark

Page 5

Head and Neck:

The scalp is covered by a full head of brown and grey hair. A brown and grey mustache covers the upper lip. A stubble of beard is present on the cheeks and chin. The external ears are normally positioned. A pierce hole is present in the lobe of the left ear. The eyes are normally positioned with slightly cloudy corneas, hazel irides and round, dilated pupils. The conjunctivae are slightly dried. There are no petechiae. The skeleton of the nose is intact. The nostrils are patent. The teeth are natural. An irregular well-healed scar is transversely oriented on the left side of the jaw. The neck is symmetrically formed and the trachea is in the midline.

Trunk:

The chest and abdomen are symmetrically formed. The abdomen is flat and soft. The external genitalia are those of a normally developed, circumcised adult male. The back and buttocks are symmetrically formed. The anus shows normal anatomic features.

Extremities:

The upper and lower extremities are symmetrically formed. Gauze and tape bandages initially cover both antecubital fossae. The nailbeds are dark purple. Brown to yellow discoloration is present on the right thumb and fingers.

IDENTIFYING SCARS, MARKS, AND TATTOOS:

- 1) Multiple multi-colored tattoos are present on the central and upper chest including depictions of grim reapers.
- 2) Multiple multi-colored tattoos are present on the right arm and forearm including the inscription "Libra", a bulldog figure, and the inscription "Great Balls of Fire".
- 3) A tattoo of a dragon is present on the anterior mid to distal right thigh.
- 4) A multi-colored tattoo which includes a dragon's head and a cobra extends across the left arm and forearm.

EXTERNAL EVIDENCE OF INJURY:

- 1) A needle puncture site is present in the left antecubital fossa.
- 2) A needle puncture site is present in the right antecubital fossa.

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323
U-38

ML 93-0502

Re: James Dean Clark

Page 6

INTERNAL EVIDENCE OF INJURY:

None.

INTERNAL EVIDENCE OF MEDICAL THERAPY:

None.

INTERNAL EXAMINATION:**Body Cavities:**

The usual Y-shaped incision is made and the organs of the thorax and abdomen are in their normal anatomic relations. The pericardium and diaphragm are intact. No fluid accumulations are evident. Dense fibrous adhesions obliterate the left pleural space. There are overlying transversely oriented scars in the skin of the lateral left chest. There are no acute alterations.

Neck:

The neck is dissected in layers showing normal anatomic relations. The neck musculature is free of hemorrhage. The hyoid bone and thyroid cartilage are intact.

Cardiovascular System:

The 430 gm heart appears normally formed with an intact epicardium. The chambers demonstrate normal configurations. The coronary arteries pursue normal courses and show mild eccentric atherosclerosis. There are no thrombi. The valves and great vessels are normally formed and positioned. The aorta follows a normal course. All major branches are visibly patent.

Respiratory System:

The left lung weighs 610 gm and the right 820 gm. The right pleural surfaces are intact. The left pleural surfaces are obliterated by dense fibrous adhesions. The larynx, trachea, and bronchi are normally formed, intact, and patent. Serial sectioning reveals generalized congestion and edema involving all lobes of both lungs. There are no specific or focal alterations. The pulmonary vasculature is free of thromboemboli.

Gastrointestinal Tract:

The stomach contains approximately 50 ml of dark fluid. The esophagus follows a normal course and is intact. The lining of the stomach is intact and continues into a normal appearing small bowel and colon. The appendix is present.

ER 324
U-39.

ML 93-0502

Re: James Dean Clark

Page 7

Liver:

The 2490 gm liver is normally formed. Serial sectioning reveals normal anatomic features. The gallbladder is present and contains 10 ml of bile. No calculi are present.

Pancreas:

The pancreas lies in a normal position without visible alteration.

Hematopoietic System:

The 350 gm spleen has an intact capsule. Serial sectioning reveals normal anatomic features. The thymus appears involuted. The lymph nodes and bone marrow where visualized show normal anatomic features.

Genitourinary Tract:

The left kidney weighs 210 gm and the right 190 gm. The cortical regions are intact. Serial sectioning reveals normal anatomic relations. The ureters are patent and follow normal courses. The bladder contains 250 ml of urine.

Internal Genitalia:

The prostate and testes are of normal size and shape without alteration.

Endocrine System:

The pituitary gland is directly examined and shows normal anatomic features. The adrenal glands show normal anatomic relations without alteration. The thyroid gland is symmetrically formed without focal change.

Musculoskeletal System:

The general musculature is well developed. No fractures or other skeletal abnormalities are identified.

Central Nervous System:

The brain weight is 1640 gm. The scalp is free of hemorrhage and laceration. The skull is intact without evidence of fracture. There is no epidural, subdural or subarachnoid hemorrhage. The cerebral hemispheres, brain stem, and cerebellum are symmetrical. Serial sectioning reveals normal anatomic relations without alteration. The vessels at the base of the brain are normally formed and without abnormality. The dura is stripped from the skull revealing normal bony features. The first portion of the spinal cord viewed through the foramen magnum has normal anatomic relations.

RR
325 U-40

ML 93-0502

Re: James Dean Clark

Page 8

MICROSCOPIC EXAMINATION

Heart:

No diagnostic alterations.

Lung:

Diffuse congestion and edema.

Liver:

No diagnostic alterations.

Kidney:

No diagnostic alterations.

Brain:

No diagnostic alterations.

TOXICOLOGY (SEE ATTACHED REPORT)

ER
326
U-41

JIMMIE W. JEFFERS

ML 95-1290

AUTOPSY REPORT

PINAL COUNTY, ARIZONA

DEPARTMENT OF CORRECTIONS-FLORENCE

CASE #95092251-A00-01

SEPTEMBER 14, 1995

ER
327

0-42

ML 95-1290

Re: Jimmie W. Jeffers

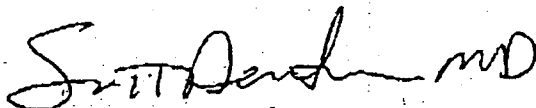
Page 2

PATHOLOGIC DIAGNOSES:

1. Acute combined drug intoxication (succinylcholine, thio-pental, potassium chloride)
2. Hypertrophic and atherosclerotic heart disease
3. Cirrhosis of liver

OPINION:

The cause of death of this 49 year old white man is acute combined drug intoxication.



J. Scott Denton, M.D.
Pathology Resident



Bruce O. Parks, M.D.
Forensic Pathologist

JSD/aef

ER
328

U-43

ML 95-1290

Re: Jimmie W. Jeffers

Page 3

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF DEATH:

The deceased is a 49 year old man (DOB: June 7, 1946) who was executed at the Arizona State Prison on September 13, 1995 and pronounced dead at 1807 hours. The execution was carried out by lethal injection.

AUTHORIZATION:

The postmortem examination is performed under the authorization of the Pinal County Medical Examiner.

IDENTIFICATION:

The body of Jimmie Jeffers is identified by Department of Corrections personnel. Photographs and fingerprints are taken.

ER
329

U-44

ML 95-1290

Re: Jimmie W. Jeffers

Page 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE AUTOPSY:

The postmortem examination of Jimmie Jeffers is performed at the Forensic Science Center, 2825 East District Street, Tucson, Arizona, commencing at 0945 hours on September 14, 1995. Assisting in the examination are Mr. William Ferguson and Mr. John Trebus. Investigator Dennis Merritt (Badge #158) from the Department of Corrections is present for the examination.

GENERAL INSPECTION:

The fully clothed unembalmed body is received within a blue body bag with an intact Department of Corrections seal.

CLOTHING AND PERSONAL EFFECTS:

On the body are the following:

- 1) A short sleeve blue button down shirt.
- 2) A pair of dark blue denim "Levi" pants. The leg cuffs are rolled up around the ankles.
- 3) A pair of synthetic underpants.
- 4) A pair of white socks

EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:

- 1) Over the right antecubital fossa is a yellow antiseptic stain.
- 2) A white gauze pad with adhesive tape overlies a 4.5 x 3.0 approximately 0.5 cm raised purple hematoma that is centered 5.5 cm distal to the right antecubital fossa. Within the center of the hematoma are two red needle puncture marks.
- 3) Centered 7.0 cm distal to the right antecubital fossa is a purple 1.0 x 1.0 cm slightly raised hematoma with a central less than 1 mm seeping needle puncture mark. Surrounding this needle puncture mark is a 10 x 3 cm oval purple ecchymosis.
- 4) In the left anterior biceps area is a white gauze pad with white adhesive tape overlying a 6.0 x 5.0 x 1.0 cm raised purple and green hematoma. This hematoma is centered 6.5 cm proximal to the left antecubital fossa. Within the center of this hematoma is a small bore needle puncture mark with red clotted blood.
- 5) Centered 4.5 cm inferior to the left antecubital fossa is a 2.5 x 1.5 x 0.5 cm raised purple hematoma. At the inferior

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3.30

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ML 95-1290

Re: Jimmie W. Jeffers

Page 5

EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY (Continued):

- edge of this hematoma is a needle puncture mark with seeping clear fluid.
- 6) Within the center of the left antecubital fossa is a small less than 1 mm needle puncture mark seeping clear fluid with a surrounding 0.6 cm red area. A 17 x 8 cm area of dark red ecchymosis involves the left antecubital fossa.
 - 7) Overlying the right anterior-medial ankle is a white gauze pad held in place by white adhesive tape covering a small less than 1 mm puncture mark. Some dried blood exudes from this area.
 - 8) On the anterior right lateral mid-foot is a small bore intra-venous puncture mark centered 6.0 cm from the tip of the fifth toe. Blood exudes from this puncture mark. Approximately 0.6 cm distal to this puncture mark is a similar puncture mark.

EXTERNAL EXAMINATION:

The body is that of a well-developed normal appearing white male measuring 180 cm (71 inches) and weighing 123.6 kg (272 pounds). Livor mortis is over the head, upper neck, and back. It is easily blanchable. Rigor is well-developed in the jaw and extremities. The body is cool to touch and has been refrigerated.

Head and Neck:

The scalp is covered by short 0.5 cm white hair in a male balding distribution. There is purple congestion of the face and scalp. There is no cutaneous evidence of recent injury. Multiple fleshy hair bearing nodules are over the face, upper lip, cheeks, posterior head, and forehead ranging in size from 0.2 to 0.9 cm. The sclerae and conjunctivae show vascular congestion without petechiae. The irides are blue. The pupils are equal and 4 mm. The skeleton of the nose is intact. The nares are patent. Over the cheeks, upper lip, chin, and neck is brown and white beard stubble ranging in length from 0.6 to 1.0 cm. The lips are blue without evidence of injury. The upper mouth is edentulous. The lower has numerous teeth missing. The tongue is without evidence of injury. The mucosal membranes are pink. The ears are symmetrically formed. The neck is symmetrical with the trachea in the midline.

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U-46

ML 95-1290

Re: Jimmie W. Jeffers

Page 6

Trunk:

The chest is symmetrically formed without evidence of injury. The abdomen is slightly protuberant without masses and is symmetrical. Multiple flesh and dark colored papules are within the axilla and lateral chest ranging from 0.2 to 0.6 cm. The external genitalia are those of a normally developed circumcised male with both testes within the scrotum. The back, buttocks and anus show congestion without evidence of recent injury. There is no evidence of injury to the anus.

Extremities:

The upper extremities are symmetrically formed with the previously described recent puncture marks. The hands are dark blue with closely trimmed nails and normally formed fingers. There is no evidence of recent injury to the fingers or hands. The lower extremities are symmetrically formed and well-developed. There is posterior lividity without evidence of contusion or recent injury. The feet are symmetrically formed with the previous puncture marks. The toes are normally formed with closely trimmed toenails. The soles of the feet are normal.

IDENTIFYING SCARS, MARKS, TATTOOS:

- 1) In the lower anterior left forearm is a curvilinear well-healed 2 cm hypopigmented scar.
- 2) In the right anterior lower forearm is a circular 1.0 cm well-healed hypopigmented scar. Inferior to this is a linear 1.0 cm well-healed hypopigmented scar.
- 3) Over the medial and anterior lower right leg within an area of 15 x 4 cm are multiple circular and oval hypopigmented scars surrounded by light purple ecchymoses ranging in size from 0.4 to 1.5 cm.

INTERNAL EVIDENCE OF RECENT INJURY:

None.

INTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:

None.

INTERNAL EXAMINATION:**Body Cavities:**

The usual Y-shaped incision is made and the organs of the thorax and abdomen are in their normal anatomic relations. The pericardium and diaphragm are intact. No abnormal fluid ac-

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Re: Jimmie W. Jeffers

Page 7

Body Cavities (Continued):

cumulations are evident. Midline abdominal fat is 6.0 cm in thickness.

Neck:

The neck is dissected in layers showing normal anatomic relations. The neck musculature is free of hemorrhage. The hyoid bone and thyroid cartilage are intact.

Cardiovascular System:

The heart weighs 780 gm and is in the normal configuration. Epicardial surfaces are yellow to brown with increased amount of epicardial fat. The endocardium is gray-brown. The myocardium is brown without fibrosis or discoloration. The thicknesses of the left and right ventricles are 2.0 and 0.5 cm, respectively. Valve leaflets are thin and flexible and are of the appropriate number. There is no chamber dilatation. The right coronary artery is predominant. Within all three major branches of the coronary arteries there is moderate (50-70%) stenosis with yellow calcific atherosclerosis. There is no acute thrombus. The aorta is widely patent with mild atherosclerosis infrarenally.

Respiratory System:

The left lung weighs 750 gm, and the right 780 gm. The pleural surfaces are intact. The larynx, trachea, and bronchi are normally formed, intact, and patent. Serial sectioning reveals areas of congestion without specific or focal change. The pulmonary vasculature is free of thromboemboli.

Gastrointestinal Tract:

The esophagus follows a normal course and is intact. The stomach contains approximately 30 ml of thick green fluid. The lining of the stomach is intact and continues into a normal appearing small bowel and colon. The appendix is present.

Liver:

The 2690 gm liver is normally formed with a surface containing multiple nodules ranging in size from 1 to 4 mm. Cut sectioning shows similar nodules throughout the parenchyma and is predominantly light brown. The gallbladder contains 10 ml of thick green bile. The mucosal surface has yellow punctate collections

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333

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ML 95-1290

Re: Jimmie W. Jeffers

Page 8

Liver (Continued):
of cholesterol without stones.

Pancreas:
The pancreas lies in a normal position without visible abscesses or alteration. Sections are lobular and tan without hemorrhage.

Hematopoietic System:
The 280 gm spleen has an intact capsule. Serial sectioning reveals normal anatomic features. The thymus appears involuted. The lymph nodes and bone marrow where visualized show normal anatomic features.

Genitourinary Tract:
The left kidney weighs 260 gm, and the right kidney weighs 270 gm. The cortical regions are intact. A 0.5 cm white cortical depression is in the right lower pole of the kidney. Serial sectioning reveals normal anatomic relations. The ureters are patent and follow normal courses. The bladder contains 120 ml of amber urine.

Internal Genitalia:
The prostate and testes are of normal size and shape without alteration.

Endocrine System:
The pituitary gland is directly examined and shows normal anatomic features. The adrenal glands show normal anatomic relations without alteration. The thyroid gland weighs 20 gm and is symmetrically formed without focal change.

Musculoskeletal System:
The general musculature is well-developed. No fractures or other acute skeletal abnormalities are identified.

Central Nervous System:
The brain weight is 1560 gm. The scalp is free of hemorrhage and laceration. The skull is intact without evidence of fracture. There is no epidural, subdural, or subarachnoid hemorrhage. The cerebral hemispheres, brain stem, and cerebellum are symmetrical. Serial sectioning reveals normal anatomic relations without alteration. The vessels at the base of the brain are normally formed and without abnormality. The dura is stripped from the skull revealing normal bony features. The first portion of the spinal cord viewed through the foramen magnum has normal anatomic relations.

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ML 95-1290

Re: Jimmie W. Jeffers

Page 9

MICROSCOPIC EXAMINATION

Liver:

Section shows nodules of hepatocytes surrounded by thick bands of white fibrous tissue, many without central veins. The hepatocytes show vacuoles of fat within the cytoplasm. Lymphocytes are within the bands of fibrosis and in portal areas, focally extending into the lobules. There is no acute necrosis or Mallory hyaline.

TOXICOLOGY (SEE ATTACHED REPORT)

ER
335

U-50

MAR-07-2004 13:22

PITAL HABEAS
15. NORTH CAMPBELL AVENUE, TUCSON,
KENNETH J. RYAN, M.D., MEDICAL DIRECTOR
DEPARTMENT OF PATHOLOGY

602 382 2801 P.035/191
IZONA 85724

NAME: JEFFERS, JIMMIE

PT# : ML-951290

LOC: ML

ROOM:

AGE: 49Y

SEX : M

ACCT: 9987645

DR : PARKS, BRUCE (OME)

CODE: 01783

DR : DENTON, SCOTT (PATH)

----- SPECIAL CHEMISTRY TEST REFERRAL -----

08/14/85

* 0001 MISCELLANEOUS TESTING

TEST NAME

THIOPENTAL AND METABOLITE 10/QUANT

REFERENCE LAB

TEST PERFORMED BY MEDTOX LABORATORIES, INC; ST. PAUL, MN; DIRECTOR:

KINGSLEY R. LABROSSE

RESULTS

SEE CONSULTATION REPORT

BP ER 338
U-51

UNIVERSITY MEDICAL CENTER
1501 NORTH CAMPBELL AVENUE, TUCSON, ARIZONA 85724
KENNETH J. RYAN, M.D., MEDICAL DIRECTOR
DEPARTMENT OF PATHOLOGY

NAME: JEFFERS, JIMMIE

PT#: ML-951290

LOC: ML

ROOM:

AGE: 49Y

SEX: M

ACCT: 9987645

DR: PARKS, BRUCE (OME)

CODE: 01783

DR: DENTON, SCOTT (PATH)

THIN LAYER CHROMATOGRAPHY

ROUTINE DRUG SCREEN

TEST:
UNITS:
LO-HI:

08/14/05
0001

SUBSTANCES ROUTINELY SCREENED FOR BY THIN LAYER CHROMATOGRAPHY

ACETAMINOPHEN
AMITRIPTYLINE
ANOXAPINE
AMPHETAMINE
BARBITURATES
BENZTROPINE
CAFFEINE
CARBAMAZEPINE
METABOLITES
CIMETIDINE
COCAINE

CODEINE
CYCLOBENZAPRINE
DESIPRAMINE
DEXTROMETHORPHAN
DIPHENHYDRAMINE/
DIMENHYDRINATE
DOXEPIN
DOXYLAMINE
ETHCHLORVYNOL
GLUTETHIMIDE
HYDROXYZINE

IMIPRAMINE
LIDOCAINE
LOXAPINE
MEPERIDINE
MEPROBAMATE
METHADONE
METHAMPHETAMINE
METHAQUALONE
METHOCARBAMOL
METHYPRYLON

MORPHINE (FREE)
NICOTINE
NORTRIPTYLINE
PENTAZOCINE
PHENACETIN
PHENCYCLIDINE
PHENOTHIAZINES
PHENYTOIN
PROPOXYPHENE
PROPRANOLOL

QUINIDINE/QUININE
SPIRONOLACTONE
STRYCHNINE
SYMPATHOMIMETIC AMINES
TERPIN HYDRATE
TRAZODONE
TRIANTERENE
TRIMETHOBENZAMIDE
TRIMETHOPRIM
TRIMIPRAMINE

***** RESULTS *****

AUTOPSY URINE

SUBSTANCE(S) CONSISTENT WITH:
THIOPENTAL

*** GC/MS SCREENING RESULTS ***

SUBSTANCE(S) CONSISTENT WITH:
THIOPENTAL

ER
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U-52

PINAL COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF
BEHAVIORAL HEALTH • MEDICAL EXAMINER • PUBLIC FIDUCIARY
POST OFFICE BOX 808 • FLORENCE, ARIZONA 85202

Mary B. Espinoza, M.S., M.C.
Director



Telephone (520) 868-6777
Fax (520) 868-6724
TDD (520) 868-6379

DARREN LEE BOLTON

PINAL COUNTY MEDICAL EXAMINER'S #96-123

PINAL COUNTY, ARIZONA

AUTOPSY REPORT

ARIZONA DEPARTMENT OF CORRECTIONS 9606-2165

JUNE 19, 1996

ER
338

20-53

96-123

RE: DARREN LEE BOLTON

PAGE 2

PATHOLOGICAL DIAGNOSIS:

Acute combined drug intoxication (legal mandate). See attached laboratory reports.

OPINION:

This 29-year-old man, an inmate at the Arizona Department of Corrections in Florence died as a result of acute combined drug intoxication (judicial execution).



Humberto M. Rendon, M.D.
Pinal County Medical Examiner

hmr/scb

ER
339

U-54

96-123

RE: DARREN LEE BOLTON

PAGE 3

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF THE DEATH:

The deceased is a 29-year-old man (DOB: 9/27/66) who was an inmate at the Arizona Department of Corrections (60184) and submitted to a lethal injection by a judicial order immediately after midnight on June 18, 1996.

IDENTIFICATION:

The body of Darren Lee Bolton is received in a stretcher at the Arizona Department of Correction facility in a sealed body bag and is transported immediately to the morgue of Central Arizona Medical Center by our staff at about 0040 hours on June 19, 1996. Subsequently, Pinal County Medical Examiner 96-123 is assigned. Photographs, toxicology samples, and right index finger print are taken during the autopsy.

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340

0-55

96-123

RE: DARREN LEE BOLTON

PAGE 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of Darren Lee Bolton is performed at the morgue of Central Arizona Medical Center in Florence, Arizona commencing at 9:35 a.m. on June 19, 1996. Debbie Mobley assisted with the procedure.

GENERAL INSPECTION:

The clad, unembalmed body is received within a sealed blue body bag.

CLOTHING AND PERSONAL EFFECTS:

1. Short sleeved blue shirt which is unbuttoned three-quarters down, it is clean and with scattered wet spots over the chest area.
2. Blue jeans, new, clean.
3. White socks, clean.
4. White plastic briefs, clean.
5. Pale blue plastic rosary around his neck.

EXTERNAL EVIDENCE OF RECENT MEDICAL TREATMENT:

Three cardiac monitoring patches are seen on chest and left flank.

EXTERNAL EVIDENCE OF INJURY:

- A. Right antecubital fossa shows a white cross band application covering two dry venous puncture sites 0.1 cm each and 2.5 cm apart. These are in a horizontal distribution.
- B. Left antecubital fossa shows a single transverse white bandage covering a single IV puncture site which is actively bleeding and has underneath the dermis an area of ecchymosis about 1 cm across.

TATTOOS, MARKS AND SCARS:

The following tattoos are identified:

- A. A cross like figure 1 cm long is seen on the dorsum of the left hand between the thumb and second finger.
- B. A grim reaper figure is seen on the inner aspect of the left lower leg. This measures 10 x 6 cm.
- C. A skull like figure 8 x 7 cm is seen immediately beneath tattoo b on the left lower leg.

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391

V-56

96-123

RE: DARREN LEE BOLTON

PAGE 5

- D. A warrior like figure 15 x 12 cm is seen on the left scapular blade.
- E. A face with stars about 12 x 10 cm in length is seen on his right upper back by the scapular blade.

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished white man appearing to be of the stated age of 29 years, measuring 173 cm and with a weight of 78 kg. There is mild rigor mortis in jaws and extremities. Livor mortis is minimal on the back of the thorax. The body is cold to touch and has been refrigerated.

HEAD AND NECK:

The head is of normal contour, rotated to the left, with abundant, slightly curly, black scalp hair 7 cm average at the vertex. There is a 0.4 cm high mustache, and the beard is uniformly shaven 0.2 cm in average height. The ears, nose and mouth are unremarkable. The eyes are closed and the pupils are 0.7 cm each. Frontal dentition is complete and in apparent good hygienic condition. The neck is symmetrical.

TRUNK:

The thorax is symmetrical with abundant black hair over the chest. The abdomen is unremarkable. The genitalia, anal area, and back of the thorax show no pathological changes.

EXTREMITIES:

Both upper and lower extremities are well developed and symmetrical. The hand nails are short, well trimmed, rounded and clean. The feet are unremarkable.

INTERNAL EXAMINATION:

The chest wall is unremarkable. The pericardial sac is intact and contains a normal amount of yellowish clear fluid. The heart weighs 400 gm. External and internal surfaces show no gross abnormalities. A minimal degree of atherosclerotic change is noted in the coronary arteries.

The thyroid is normal in location, size and consistency. Adjacent neck structures show no pathology.

The pleural cavities are free of adhesions and fluid. The right and left lung weigh 900 gm and 800 gm, respectively. There is intense

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U-57

96-123

RE: DARREN LEE BOLTON

PAGE 6

bluish-red discoloration of the surface. Crepitus is adequate and there is a moderate amount of foamy hemorrhagic fluid, easily obtainable after gentle compression of the tissues. The main branches of pulmonary vasculature and bronchial tree show no abnormalities. The trachea is in midline position.

The esophagus is of average length and caliber. The stomach contains a large amount of mixed type of food with a strong acidic smell. The gastric mucosa is unremarkable. The small and large intestines show no gross abnormalities. The pancreas and adrenal glands are unremarkable.

The liver weighs 1900 gm. Both external and cut surfaces show no pathology. The gallbladder contains about 8 ml of dense bile fluid. No stones are identified. The spleen weighs 185 gm and shows no pathology. No lymphadenopathy is identified.

The right and left kidneys each weigh 150 gm and show no gross abnormalities. The capsules strip off with ease. The ureters are of average caliber. The urinary bladder is in normal position and contains scanty pale urine. The prostate is of average size and consistency for an individual in his late twenties.

The head is opened. No abnormalities are noted on the scalp or calvarium. The meninges are unremarkable. The brain hemispheres are symmetrical. The brain weighs 1300 gm. The corpus callosum is intact and the cerebrospinal fluid is clear. Serial coronal sectioning shows no gross abnormalities.

HISTOLOGICAL EXAMINATION:

Multiple representative tissues are preserved for future reference.

TOXICOLOGY EXAMINATION:

Urine and blood samples are obtained. See attached laboratory reports from University Medical Center and referral Medtox Lab.

ER
343

U-58

MAR-07-2004 13:25

CAPITAL HABEAS

602 382 2801 P.045/191

UNIVERSITY MEDICAL CENTER

North Campbell Avenue, Tucson,

Kenneth J. Ryan, M.D., Medical

Department of Pathology

Arizona 85724

Director

NAME: BOLTON, DAREN

PT#: PCME-96123

ACCT: 9981192

LOC: PCME

ROOM:

AGE: 29Y

SEX: M

CODE: 02871

DR: RENDON, HUMBERTO (PCME)

----- Special Chemistry Test Referral -----

08/18/98

* 0001 MISCELLANEOUS TESTING

TEST NAME

REFERENCE LAB

RESULTS

SODIUM THIOPENTAL

Test performed by Medtox Laboratories, Inc; St. Paul, Mn; Director:

Kingsley R. Labrosse

See consultation report

ER
344

U-5a

1501 N. Campbell Avenue, Tucson, Arizona
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

85724

NAME: BOLTON, DAREN

PT#: PCME-96123

ACCT: 9981192

LOC: PCME

ROOM:

AGE: 29Y

SEX: M

CODE: 02871

DR: RENDON, HUMBERTO (PCME)

EST:	UTS:	J-HI:	SPECIMEN	VOLATILE SUBSTANCES			
				ETHANOL mg/dL	METHANOL mg/dL	ACETONE mg/dL	ISOPROPANOL mg/dL
					UNDE	UNDE	UNDE
3/19/86							
0001			AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED
0001			AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

EST:	UTS:	J-HI:	SPECIMEN SOURCE	SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)					
				COCAINE METABOLITE(S) ng/mL	OPIATE METABOLITE(S) ng/mL	CANNABINOID METABOLITE(S) ng/mL	BENZODIAZEPINE METABOLITE(S) ng/mL	AMPHETAMINE & RELATED COMPOUNDS ng/mL	BARBITURATE SCREEN ng/mL
3/19/86									
0001			AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		Positive
0001			AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

R2
345

U-60

LUIS MORINE MATA

ML 96-1092

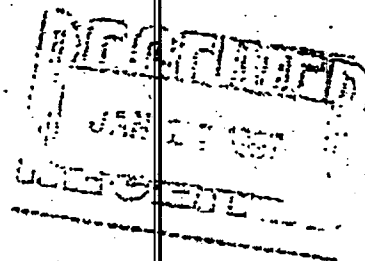
AUTOPSY REPORT

PINAL COUNTY, ARIZONA

ARIZONA DEPARTMENT OF CORRECTIONS

CASE #9608-2219

AUGUST 22, 1996



BR
346

U-61

ML 96-1092

Re: Luis M. Mata

Page 3

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF DEATH:

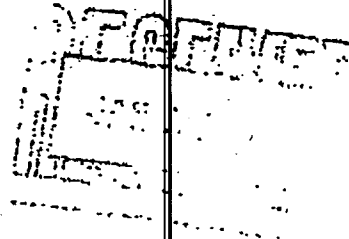
This 45-year-old man (DOB: July 10, 1951), a prisoner, was killed by lethal injection in the execution chamber in Florence, Arizona. He was pronounced dead on August 22, 1996 at 0051 hours.

AUTHORIZATION:

The postmortem examination is performed under the authorization of the Pinal County Medical Examiner's Office.

IDENTIFICATION:

The body is identified by Corrections's staff. 35 mm photographs, fingerprints, and palm prints of the deceased are taken.

ER
347

U-62

ML 96-1092

Re: Luis M. Mata

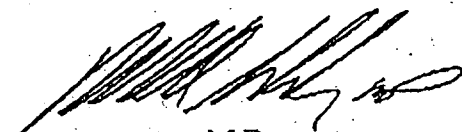
Page 2

PATHOLOGIC DIAGNOSES:

1. Combined drug intoxication due to lethal injection
2. No injuries or significant natural disease identified

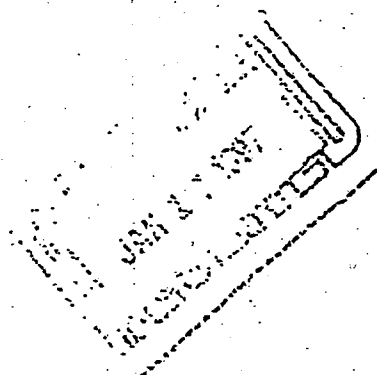
OPINION:

Death of this man was due to combined drug intoxication as a result of lethal injection.



Andrew Sibley, M.D.
Forensic Pathologist

AS/aef



BR
348

0-63

ML 96-1092

Re: Luis M. Mata

Page 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of Luis Mata is performed at the Forensic Science Center, 2825 E. District Street, Tucson, Arizona on August 22, 1996 commencing at 0956 hours. Assisting in the examination are Mr. Abel Valentino and Mr. William Ferguson.

GENERAL DESCRIPTION:

The clothed unembalmed body is received in a sealed blue body bag.

CLOTHING AND PERSONAL EFFECTS:

- 1) A blue short sleeve shirt is appropriately positioned and is unbuttoned exposing the chest and abdomen.
- 2) White underwear is appropriately positioned.
- 3) Blue denim jeans are appropriately positioned and fastened. The cuffs are rolled up.
- 4) White socks are appropriately positioned.
- 5) A white fabric necklace with religious medallions is appropriately positioned.

EXTERNAL EVIDENCE OF MEDICAL THERAPY:

- 1) EKG conduction pads are over the left and right upper chest and left lateral chest.
- 2) White gauze and tape encircles the left antecubital fossa region. Beneath these are two needle puncture sites with surrounding purple subcutaneous hemorrhage.

EXTERNAL EXAMINATION:

The body is that of a normally developed Hispanic appearing man appearing the recorded age measuring 170 cm (67 inches) and weighing 73.2 kg (161 pounds). Rigor mortis is well established in the jaw and extremities. Livor mortis is posterior, pink-purple, and blanchable. The body is slightly cool and has been refrigerated.

Head:

The scalp is covered by dark brown to black hair up to 12 cm. There is male pattern balding. There is no recent cutaneous injury of the scalp. The forehead is symmetrical without recent cutaneous injury. The eyebrows are dark brown to black. The eyes are normally positioned with slightly cloudy corneas, brown irides, round and equal pupils, and clear conjunctivae. There are no petechial

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ML 96-1092

Re: Luis M. Mata

Page 5

Head (Continued):

hemorrhages. The nasal skeleton is midline and intact. The nares are patent. The lips are pink-purple and intact. The teeth are natural. There is no recent injury of the oral mucosa. The lower face is covered by short dark brown and gray hair stubble up to 0.2 cm. There is no evidence of injury. The ears are normally positioned without recent cutaneous injury. The left earlobe has been pierced. A dark 0.8 x 0.4 cm tear-shaped tattoo is lateral to the right eye.

Neck:

The neck is symmetrical with the trachea midline. There is no cutaneous injury. A 2.5 x 2.0 cm illegible dark tattoo is over the right side of the neck.

Trunk:

The chest and abdomen are symmetrically formed without evidence of recent cutaneous injury. A 9 x 3.5 cm dark tattoo of a man in a large hat and a gun is over the right upper chest. The abdomen is flat and firm. An obliquely oriented well-healed surgical-type scar is over the left side of the abdomen.

External Genitalia:

The external genitalia are those of a normally developed adult male. The pubic hair is dark brown. Both testes are in the scrotum. There is no evidence of injury.

Lower Extremities:

The lower extremities are symmetrical without palpable fractures. The toenails are short and evenly trimmed. A 7.5 x 2.2 cm dark tattoo reading "Angelita" is over the medial aspect of the left lower leg. Beneath this is a 4.3 x 3.5 cm dark tattoo of a cross. A 4.5 x 4.5 cm dark tattoo of Charlie Brown and the words "Good Grief" is over the anterior aspect of the right lower thigh near the knee. There is no peripheral pitting edema.

Upper Extremities:

The upper extremities are symmetrical without palpable fractures. Needle puncture sites in the left antecubital fossa are described above. There is no other evidence of significant recent cutaneous injury of the upper extremities. The fingernails are of moderate length and evenly trimmed. None are broken. A 9 x 2.5 cm dark tattoo reading "Madre" is over the back of the left hand. A 2 x 1.3 cm illegible dark tattoo of apparent numbers is over the back of the left hand between the left first and second fingers. A 6.5 x 5.5 cm dark tattoo of a banner and the name "Irma" is over the lateral aspect of the left arm. A 2.3 x 2.3 cm dark tattoo of the letter "M" is over the anterior aspect of the right forearm. A dot-like 0.2 x 0.2 cm dark tattoo is over the back of the right hand between the first and second fingers. There are no needle tracks in the antecubital fossae or elsewhere. A 14 x 8.5 cm dark tattoo of a devil is over the anterior aspect of the left forearm.

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350

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ML 96-1092

Re: Luis M. Mata

Page 6

Back:

The back and buttocks are symmetrically formed without recent cutaneous injury. The anus shows normal anatomic features without evidence of injury. An 18 x 12 cm dark tattoo of a naked woman and smoke is over the left upper back.

INTERNAL EXAMINATION:**INTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:**

None.

SYSTEMS REVIEW:**Body Cavities:**

The subcutaneous midline abdominal fat measures 3 cm. The organs of the thorax and abdomen have normal anatomic relations. There are no fluid accumulations in the pleural, pericardial, or peritoneal spaces.

Cardiovascular System:

The 410 gm heart is intact and normally formed. The pericardium and epicardium are smooth and glistening. The endocardium is smooth without thrombi. There is no chamber dilatation. The ventricular walls are of normal thickness. The myocardium is firm and brown throughout without infarcts. The valves and great vessels are normally formed and positioned. The coronary arteries have a normal anatomic distribution. There is up 50% focal stenosis of the left anterior descending coronary artery by atherosclerosis. The remaining coronary arteries are widely patent. There are no acute thrombi. The aorta has mild atherosclerosis without ulceration or thrombi.

Respiratory System:

The tracheobronchial tree is without foreign material. The left lung weighs 510 gm, and the right 570 gm. The pleura is intact. The lungs are normally formed with red-purple parenchyma. No tumor, granulomas, inflammation, or other discrete lesions are identifiable. There is diffuse congestion. The pulmonary vasculature is widely patent. Hilar lymph nodes are unremarkable. The diaphragm is intact.

Liver:

The 2070 gm liver is normally formed with a smooth intact capsule. The parenchyma is firm and brown. No specific or focal lesions are present. The gallbladder is normal containing green viscous bile without calculi.

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ML 96-1092

Re: Luis M: Mata

Page 7

Hematopoietic System:

The 250 gm spleen is normally formed with a smooth intact capsule. The parenchyma is red-purple without specific or focal lesions. The thymus is involuted. Systemic lymph nodes and bone marrow where visualized are unremarkable.

Pancreas:

The pancreas is tan and lobulated without discrete lesions.

Gastrointestinal Tract:

The esophagus is without erosions or tumor. The stomach contains 400 cc's of thick tan fluid with white to tan particulate matter. The stomach lining is intact and continues into a normal appearing small bowel and colon. The appendix is present.

Genitourinary Tract:

The left kidney weighs 170 gm, and the right 170 gm. The cortical surfaces are smooth and glistening. The parenchyma is brown without tumor, infarcts, or cysts. The corticomedullary junction is well delineated. The collecting system is without tumor or obstruction. The bladder contains 100 cc's of amber urine. The bladder wall and mucosa are unremarkable. The testes are unremarkable. The prostate and seminal vesicles are symmetrical and normal in size and appearance.

Endocrine System:

The pituitary is normal in size and appearance. The adrenals are normal size without hemorrhages or masses. The thyroid is symmetrical and normal in size without lesions.

Musculoskeletal System:

The vertebrae, ribs, sternum, clavicles and pelvis are without fractures or other lesions. The general musculature is normally developed.

Neck:

The neck organs have normal anatomic relations. There is no hemorrhage into the subcutaneous tissue or musculature of the neck. The hyoid bone and thyroid cartilage are intact. The mucosa of the larynx and trachea is without hemorrhage or erosion. The epiglottis and aryepiglottic folds are without edema.

Head:

The scalp is intact without hemorrhage. There are no skull fractures. There is no epidural, subdural, subarachnoid, or intraventricular hemorrhage. The meninges are smooth and glistening. The 1310 gm brain is symmetrical and normally formed. No internal hemorrhages, infarcts, or mass lesions are

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ML 96-1092

Re: Luis M. Mata

Page 8

Head (Continued):
identifiable. The ventricles are symmetrical and normal in size. The circle of Willis is normally formed with mild atherosclerosis. The basal ganglia, cerebellum, and brain stem are unremarkable.

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353

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ML 96-1092

Re: Luis M. Mata

Page 9

MICROSCOPIC EXAMINATION

Heart:

A section of left ventricular wall shows normal appearing myocardial fibers without necrosis. There are two focal very small clusters of inflammatory cells. This is associated with individual myocyte damage.

TOXICOLOGY (SEE ATTACHED REPORT)

BR

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U-69

MAR-07-2004 13:28

CAPITAL HABERS

602 382 2801 P.057/191

STATE OF ALABAMA, SUITE 201 TOLSON, AL 35711
PHONE (205) 325-0908

PATIENT INFORMATION

SPECIMEN INFORMATION

PHYSICIAN INFORMATION

ID: ML94-1092X

UNIT: 17357717

SEX:

ED9408221019

Report Status: **COMPLETE**

COLLECTED:

FASTING:

RECEIVED: 08/22/94

COMMENTS:

DR. A SIBLEY

DR. A SIBLEY
1000 10th Ave S
Birmingham, AL 35204
205 382 2801
FAX 205 382 2802
H. SIBLEY
1000 10th Ave S
Birmingham, AL 35204
205 382 2801
FAX 205 382 2802

NEW ORDER: LITE LIT4

TEST	RESULTS		UNITS	REFERENCE RANGE	
	IN RANGE	OUT OF RANGE		INITIAL CUT-OFF LEVEL (ng/mL)	CONFIRM CUT-OFF LEVEL (ng/mL)
SPECIMEN TYPE:	URINE				
ALCOHOL	NEGATIVE		20		N/A
AMPHETAMINES	NEGATIVE		1000		N/A
CARBAMATES	NEGATIVE		200		N/A
CHLORAZEPATE	NEGATIVE		200		N/A
COCAINE METABOLITE	NEGATIVE		300		N/A
ETHADONE	NEGATIVE		300		N/A
FLUNITRAZEPAM	NEGATIVE		300		N/A
MARIJUANA METABOLITES	NEGATIVE		50		N/A
PROPOXYPHENE	NEGATIVE		300		N/A
TEST PERFORMED BY ENZYME IMMUNOASSAY.					

AS

ER
355

ORDERED BY

KJ

DATE 10496

PATIENT NOTIFIED BY

DATE

Lab Area/Route: 1/ 1

Reported: 10/04/94 17:28

(**END OF REPORT**)

361439/N

U-70

MAR-07-2004 13:28

CAPITAL HABEAS

002 002 000

PINAL COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF
BEHAVIORAL HEALTH • MEDICAL EXAMINER • PUBLIC FIDUCIARY
POST OFFICE BOX 808 • FLORENCE, ARIZONA 85232

Mary B. Espinoza, M.S., M.C.
Director



Telephone (520) 868-6777
Fax (520) 868-6724
TDD (520) 868-6379

RANDY GREENAWALT
PINAL COUNTY MEDICAL EXAMINER'S #97-014
PINAL COUNTY, ARIZONA
AUTOPSY REPORT
ARIZONA DEPARTMENT OF CORRECTIONS 9701-2020
JANUARY 23, 1997

BR
356
0-71

97-014

RE: RANDY GREENAWALT

PAGE 2

PATHOLOGICAL DIAGNOSES

1. Acute induced drug intoxication by lethal injection.
2. Gastric chronic peptic ulcer, lesser curvature.
3. Interventricular septum fibrous scarring.
4. Patchy epicardial fibrous scar, right posterior ventricular wall.
5. Atherosclerosis, marked.
6. Acute bilateral pulmonary edema.
7. Liver and spleen, chronic passive congestion.

OPINION

This 47-year-old man died as a direct result of acute combined drug intoxication after lethal injection by judicial mandate at the Arizona Department of Corrections in Florence, Arizona.

Humberto M. Rendon, M.D.
Pinal County Medical Examiner

hmr/scb

ER
357
0-72

97-014

RE: RANDY GREENAWALT

PAGE 3

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF THE DEATH

The deceased is a 47-year-old man (DOB: February 24, 1949) who was an inmate (492-54-4467) at the Arizona Department of Corrections in Florence, Arizona, and who was executed by lethal multi-drug injection at 0010 hours on January 23, 1997.

IDENTIFICATION

The body identified as that of Randy Greenawalt is received in a sealed body bag with Arizona DOC ID 9701-2020. Subsequently, PCME 97-014 is assigned. A full set of fingerprints, photographs, as well as urine and blood samples for toxicology in gray, red and lavender top tubes, are obtained during the autopsy.

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358

U-73

97-014

RE: RANDY GREENAWALT

PAGE 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION

The postmortem examination of Randy Greenawalt is performed at the morgue of Central Arizona Medical Center in Florence, Arizona commencing at 9:40 a.m. on January 23, 1997. Ernie Appel assisted with the procedure.

GENERAL INSPECTION

The clad, unembalmed body is seen within a sealed black body bag.

CLOTHING AND PERSONAL EFFECTS

1. A light blue short-sleeved shirt, clean.
2. Blue denim pants, clean.
3. White socks, clean.
4. White diaper underpants, clean.

EXTERNAL EVIDENCE OF RECENT MEDICAL TREATMENT

1. The left hand is wrapped in a white 7 cm wide bandage that includes the carpal area, clean.
2. The right elbow also is wrapped with a 13 cm white bandage which is clean.

EXTERNAL EVIDENCE OF INJURY

See external examination.

EXTERNAL EXAMINATION

The body is that of a moderately obese white man representing the stated age of 47 years. The body measures 176 cm and has an estimated weight of 85 kg. No rigor mortis is established as yet. There is mild blanchable lividity noted on the back of the thorax. The body is approximately at room temperature, but has been refrigerated.

HEAD AND NECK

The head is slightly tilted to the right and is of normal contour with grayish-white straight scalp hair, 12 cm longest, showing

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U-74

RE: RANDY GREENAWALT

PAGE 5

early baldness at the vertex. No mustache is identified. The beard is recently shaved uniformly. The ears, nose and mouth are unremarkable. The eyes are closed, they show greenish-brown irises and 0.4 cm pupils. There is complete frontal dentition with moderate yellow tartar accumulation. The neck is symmetrical and unremarkable.

TRUNK

The thorax is symmetrical with abundant hair over the chest and on the abdomen. The nipples are unremarkable. The abdomen is prominent and symmetrical. The external genitalia, anal area and back of the thorax show no pathological changes.

EXTREMITIES

Upper and lower extremities are symmetrical and well-developed. There is a patchy mild erythematous skin mark consistent with recent restraint seen on the right lower arm. This extends for about 22 cm and includes the wrist. There is a focal hemorrhage along the palmar surface of the proximal phalanx of the left index finger. The hand nails are squarish, well-trimmed, clean and 0.3 cm average. The lower legs show three ill-defined erythematous furrow marks consistent with restraint origin. The feet are unremarkable.

TATTOOS, SCARS AND MARKS

None visible.

INTERNAL EXAMINATION

The chest is opened through the usual Y-shape incision. The wall is unremarkable. The pericardial sac is intact and contains a normal amount of yellowish clear fluid. The heart weighs 450 g, and shows a patchy area measuring 2 x 3 cm of white fibrosis on the posterior wall of the right ventricle. The myocardium is of average consistency and color, except for a patchy fibrous white area on the lower interventricular septum. This area measures 5 x 4 cm and extends to the tip of the left ventricle. The valves are flexible with a few atheromatous yellowish plaques, mainly seen on the mitral valve. There is a moderately severe degree of calcific atheromatosis with multisegmental narrowing of lumen seen in the coronary arteries. The ascending aorta also shows a moderately severe degree of atheromatosis.

The pleural cavities are free of adhesions or fluid. The lungs weigh 800 and 820 g, the right and left respectively. The external surfaces are smooth, purplish-red and on sectioning, there is

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U-75

97-014

RE: RANDY GREENAWALT

PAGE 6

increased consistency of the pulmonary tissue with abundant frothy hemorrhagic fluid easily obtainable after gentle compression of the tissue. Main branches of the pulmonary vasculature and bronchial system show no abnormalities. The trachea is in normal position and is clear. The thyroid is of normal size, consistency and shape. Surrounding neck structures are unremarkable.

The esophagus is of normal length and caliber. The stomach contains approximately 200 mL of semi-liquid grayish-tan mixed type of food contents. The gastric mucosa is congested and edematous throughout. On the mid-portion of the lesser curvature seen is a protruding firm ulcerated lesion, 3 cm in main longitudinal diameter. On cut surface the ulcer penetrates two-thirds down into the gastric wall. No evidence for recent bleeding is identified on the floor of the ulcer. The lymphadenopathy is seen. The duodenum, small and large intestines show no pathological changes. The fecal contents are of average consistency and color.

The liver weighs 2600 g. External and cut surfaces show mild nutmeg appearance. The gallbladder is intact and contains a normal amount of bile fluid. No stones are identified. The spleen weighs 475 g. It is firm, brown in color. The pancreas and adrenal glands show no gross pathology.

The kidneys weigh 250 and 200 g, the right and left respectively. They are in normal location. The capsules stripped off with ease. The external surfaces are smooth, pinkish-tan. The ureters are of average caliber and length. The urinary bladder contains approximately 500 mL of clear pale urine. The prostate is of normal size and consistency on palpation.

The head is opened and no evidence for traumatic injury to the scalp or cranial tissues is identified. The brain weighs 1400 g. The hemispheres are symmetrical. The meninges are clear. The corpus callosum is intact and the cerebrospinal fluid is crystal clear. On sectioning, no gross abnormalities are identified.

HISTOLOGICAL EXAMINATION

Multiple representative tissues are preserved for future reference in two containers designated letters A and B.

TOXICOLOGY EXAMINATION

Urine and blood samples in gray, red and lavender top tubes are submitted for toxicology analysis. See attached laboratory reports.

ER
361
U-76

150

UNIVERSITY OF ARIZONA
 150 North Campbell Avenue, Tucson, A
 Kenneth J. Ryan, M.D., Medical
 Department of Pathology

ona 85724
 actor

NAME: GREENWALT, RANDY
 PT#: PCME-97014
 ACCT: 9981192

LOC: PCME ROOM:
 OR: RENDON, HUMBERTO (PCME)

AGE: 47Y

SEX: M
 CODE: 02871

TEST: UNITS: LO-40:	SPECIMEN	VOLATILE SUBSTANCES			
		ETHANOL mg/dL C240	METHANOL mg/dL UNDE	ACETONE mg/dL UNDE	ISOPROPANOL mg/dL UNDE

01/23/87					
* 0001	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED
* 0001	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

TEST: UNITS:	SPECIMEN SOURCE	SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)				AMPHETAMINE & RELATED COMPOUNDS ng/mL	BARBITURATE SCREEN ng/mL
		COCAINE METABOLITE(S) ng/mL	OPIATE METABOLITE(S) ng/mL	CANNABINOID METABOLITE(S) ng/mL	BENZODIAZEPINE METABOLITE(S) ng/mL		

01/23/87							
* 0001	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	Positive
* 0001	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

BR
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PINAL COUNTY DEPARTMENT OF HEALTH SERVICES

DES

DIVISION OF

BEHAVIORAL HEALTH • MEDICAL EXAMINER • PUBLIC FIDUCIARY

POST OFFICE BOX 308 • FLORENCE, ARIZONA 85233

Mary B. Espinoza, M.S., M.C.
Director



Telephone (520) 868-6777
Fax (520) 868-6724
TDD (520) 868-6379

RECEIVED

SEP 10 1997

FEDERAL PUBLIC DEFENDER
DISTRICT OF ARIZONA
TUCSON, AZ

WILLIAM LYLE WORATZECK

PINAL COUNTY MEDICAL EXAMINER'S #97-106

PINAL COUNTY, ARIZONA

AUTOPSY REPORT

ARIZONA DEPARTMENT OF CORRECTIONS 97-062272

JUNE 25, 1997

ER
363
U-78

97-106

RE: WILLIAM LYLE WORATZECK

PAGE 2 OF 7

PATHOLOGICAL DIAGNOSES

1. Acute combined drug intoxication (by judicial order).
2. Cardiomegaly with fibrocalcific endocardial degeneration, marked, extensive in the left ventricular wall and interventricular septum.
3. Interstitial myocardial fibrous scarring, interventricular septum.
4. Calcific atheromatosis of coronary arteries with marked narrowing of lumen.
5. Acute bilateral pulmonary edema.
6. Chronic passive congestion of lungs, liver and spleen.
7. Appendectomy, remote.
8. Old linear facial scar, left.

OPINION

This 51-year-old man, an inmate at the Arizona Department of Corrections prison in Florence, died after lethal injection of multiple agents by judicial order. He also is found to have severe chronic cardiopathy.



Humberto M. Rendon, M.D.
Pinal County Medical Examiner

hmr/sch

BR
364
U-79

97-106

RE: WILLIAM LYLE WORATZECK

PAGE 3 OF 7

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF THE DEATH

The deceased is a 51-year-old Caucasian man (DOB: September 11, 1945) who was an inmate (29978) of the Arizona Department of Corrections prison in Florence. He was executed by lethal injection of sodium Pentothal, Pavalon and Calcium Chloride immediately past midnight on June 25, 1997. He was pronounced death by Harlon Nelson of the Arizona Department of Corrections at the execution chamber at 0012 hours.

IDENTIFICATION

The body identified as that of William Lyle Woratzeck is received by our investigator, Ernie Appel, in a sealed body bag with Arizona Department of Correction ID 97-062272. Subsequently, PCME 97-106 is assigned. A full set of fingerprints, photographs and urine, as well as blood samples in gray, red and lavender top tubes are obtained during the autopsy.

ER
365

U-80

97-106

RE: WILLIAM LYLE WORATZECK

PAGE 4 OF 7

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION

The postmortem examination of William Lyle Woratzeck is performed at the morgue of Central Arizona Medical Center in Florence, Arizona commencing at 10:40 a.m. on June 25, 1997. Ernie Appel assisted with the procedure.

GENERAL INSPECTION

The clad, unembalmed body is seen within a sealed blue body bag.

CLOTHING AND PERSONAL EFFECTS

1. A short-sleeved prison shirt, clean.
2. Prison blue jeans, new, clean (no pockets).
3. White socks, clean.
4. White adult-type diaper/underwear, clean.
5. White heavy bandage around both right and left elbows, clean.

EXTERNAL EVIDENCE OF RECENT MEDICAL TREATMENT

1. Three cardiac monitoring patches are noted on the chest and left flank.
2. Two slightly hemorrhagic 0.5 cm apart venous puncture sites are seen on the right antecubital fossa.
3. An IV puncture site, dry, is seen on the left antecubital fossa.
4. Another IV puncture site, which is also dry, is seen 7 cm above the previous puncture site on the left upper arm.

EXTERNAL EVIDENCE OF INJURY

None.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasian man, appearing to be moderately older than the stated age of 51 years. The body measures 185 cm and has an estimated weight of 83 kg.

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366

0-81

97-106

RE: WILLIAM LYLE WORATZECK

PAGE 5 OF 7

Minimal rigor mortis is noted in jaws and extremities. There is mild blanchable lividity seen on the back of the body. The body is cold to touch and has been refrigerated.

HEAD AND NECK

The head is of normal contour with grayish-blond straight scalp hair, 4 cm average length, and with early baldness at the vertex. The beard has recently been shaved and no mustache is identified. The ears and nose are structurally unremarkable. A few drops of hemorrhagic appearing fluid are noted in the left nostril. The eyes are closed. The conjunctivae are clean. The irises are bluish and the pupils are 0.4 cm each. The mouth is closed with thin lips and is edentulous. An italic S-like scar measuring 14 cm is seen on the left side of his face. This is centered halfway between the tail of the left eyebrow and the left ear. The neck is symmetrical and externally unremarkable.

TRUNK

The thorax is symmetrical with a good amount of blond hair over the chest and unremarkable nipples. The abdomen is slightly protuberant, symmetrical and shows a 12 cm old surgical scar on the right lower quadrant. The pubic hair is light brown in color. The penis and scrotum, as well as the anus and back of the thorax, show no pathological changes.

EXTREMITIES

Upper and lower extremities are symmetrical and well-developed. The hand nails are rounded, short, uniform in appearance and with scanty dirt underneath. The lower limbs show no abnormalities. The feet are unremarkable.

TATTOOS, SCARS AND MARKS

The following tattoos are seen:

- A. An aggregate about 12 x 25 cm with multiple figures in black, to include a dice, are seen on his right lower arm.
- B. A circle with a Y letter inside is tattooed at the base of the right thumb and index fingers. This tattoo measures 4 cm in diameter.
- C. The number 13 about 1.5 x 2 cm in length is tattooed at the base of the left index finger and thumb area.

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367

V-82

97-106

RE: WILLIAM LYLE WORATZECK

PAGE 6 OF 7

- D. Multiple figures to include the name Linda and measuring 5 x 3 cm are noted over the proximal third of the left lower arm.
- E. A multicolor tattoo depicting a girl and flowers measuring 5 x 12 cm is seen on the inner aspect of the right lower leg.
- F. A figure of a girl about 5 x 27 cm is tattooed on his left lower leg.
- G. A skull figure with leafs and the phrase, "Where is yours?" altogether measuring 8 x 14 cm is seen on his right upper arm.
- H. Another tattoo depicting a cross measuring 8 x 10 cm is seen over his left upper arm.

For scars descriptions see above.

INTERNAL EXAMINATION

The chest and abdominal walls are opened through the usual Y-shape incision. The chest wall is unremarkable. The pericardial sac is intact and contains a normal amount of clear yellowish-pink fluid. The heart is enlarged, weighs 500 g, and has ill-defined areas of reddish-brown discoloration anteriorly and into the apex. The underlying muscle is firm, and on sectioning there is calcification of the wall on the inferior third of the interventricular septum and the apex portion of the anterior left ventricular wall. The latter also shows widespread fibrous scarring with thinning of the wall. The covering endocardium is smooth, whitish, slightly nodular in appearance. The endocardial thickening extends to the posterior aspect of the left ventricle and the interventricular septum posteriorly up to 2 cm from the valve's circumference. The papillary muscles are partially affected by the endocardial fibrous thickening at the bases. The mitral valve is moderately sclerosed. The coronary arteries show a moderately severe degree of calcific atherosclerosis with multisegmental narrowing of lumen, estimated to be between 30 to 50% in multiple areas, especially on the left anterior descending branch. The aorta shows a moderate degree of intimal abnormalities. The renal artery shows no gross pathology.

The pleural cavities are free of adhesions or fluid. The lungs weigh 1400 and 1200 g, the right and left respectively. The external surfaces are smooth, purplish-red, wet. On sectioning, the parenchyma produces a large amount of foamy hemorrhagic fluid after gentle compression of the tissues. There is diminished pulmonary crepitation throughout. Main branches of pulmonary vasculature and bronchial system show no gross abnormalities. The trachea is in

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U-83

97-106

RE: WILLIAM LYLE WORATZECK

PAGE 7 OF 7

midline position and the lumen is empty. No hilar lymphadenopathy is identified.

The thyroid is of normal size, shape and consistency. Surrounding neck structures show no gross abnormalities. The esophagus is of normal length and caliber.

The stomach is full of mixed acidic brownish-tan food residue, to include chunks of meat. The small and large intestines show no gross abnormalities. The fecal contents are of average consistency and color. The appendix had been previously removed by surgery.

The liver weighs 2500 g. It shows a nutmeg appearance on the external and surfaces, and moderate diffuse increase in consistency. The gallbladder is unremarkable. The spleen weighs 350 g. The external surfaces are smooth, brownish-tan and the spleen parenchyma is firm in consistency.

The pancreas and adrenal glands show no pathological features.

The kidneys are in normal location. Each weighs 220 g. The capsules stripped off with ease. The cortical surfaces are smooth, pinkish-tan. The ureters are of average length and caliber. The urinary bladder contains approximately 100 mL of clear pale yellowish urine.

Examination of cranial contents is deferred.

HISTOLOGICAL EXAMINATION

Multiple representative tissues are preserved for future reference.

TOXICOLOGY EXAMINATION

Urine and blood samples in gray, red and lavender top tubes are submitted. See attached laboratory report.

ER
369

U-84

MAR-07-2004 13:31

Kenneth J.

 RITAL HABEAS
 M.D., Medical Director
 Department of Pathology

602 382 2801

P.072/191

NAME: WORATZECK, WILLIAM

PT# : HL-11

LOC: HL

ROOM:

AGE: 51Y

SEX : M

CODE: 02871

ACCT: 9987645

DR : RENDON, HUMBERTO (PCME)

PCME-97106

		VOLATILE SUBSTANCES						
TEST:	SPECIMEN	ETHANOL	ETHANOL	METHANOL	ACETONE	ISOPROPANOL		
UNITS:		ng/dL	ng/dL	ng/dL	ng/dL	ng/dL		
LO-HI:		UNDE	UNDE	UNDE	0-20	UNDE		
06/25/97								
1100	AUTOPSY BLOOD		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		
1100	AUTOPSY URINE		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		
		SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)						
TEST:	SPECIMEN	COCAINE	OPIATE	CANNABINOID	BENZODIAZEPINE	AMPHETAMINE	BARBITURATE	
UNITS:	SOURCE	METABOLITE(S)	METABOLITE(S)	METABOLITE(S)	METABOLITE(S)	& RELATED COMPOUNDS	SCREEN	
		ng/mL	ng/mL	ng/mL	ng/mL	ng/mL	ng/mL	
06/25/97								
1100	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	Positive	
1100	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	Positive	

 WORATZECK, WILLIAM
 07/10/97 07:42

PAGE: 1

 HL-11
 OP DAILY COM

 ER
 370

U-85

PINAL COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF
BEHAVIORAL HEALTH • MEDICAL EXAMINER • PUBLIC FIDUCIARY
POST OFFICE BOX 808 • FLORENCE, ARIZONA 85232

Mary B. Espinoza, M.S., M.C.
Director



Telephone (520) 868-6777
Fax (520) 868-6724
TDD (520) 868-6379

JOSE JESUS CEJA

PINAL COUNTY MEDICAL EXAMINER'S #98-019

PINAL COUNTY, ARIZONA

AUTOPSY REPORT

ARIZONA DEPARTMENT OF CORRECTIONS 9801-2034

JANUARY 24, 1998

2

BR
371
U-86

98-019

RE: JOSE JESUS CEJA

PAGE 2 OF 6

PATHOLOGICAL DIAGNOSIS

Acute combined drug intoxication by lethal injection on judicial order.

OPINION

This 42-year-old man died as a result of acute drug intoxication after lethal injection by court order.

Humberto M. Rendon, MD
Pinal County Medical Examiner

hmr/scb

U-87
ER
372

98-019

RE: JOSE JESUS CEJA

PAGE 3 OF 6

MEDICOLEGAL INVESTIGATION**CIRCUMSTANCES OF THE DEATH**

The deceased is a 42-year-old man (DOB: October 24, 1955) who was an inmate at the Arizona Department of Corrections in Florence, Arizona. He received a lethal injection of multiple drugs immediately passed midnight on January 21, 1998. Pavulon, Pentothal and potassium chloride were administered. Jose was pronounced dead at 0005 on January 21, 1998.

IDENTIFICATION

The body identified as Jose Jesus Ceja is received in a sealed black body bag with Arizona Department of Corrections identification 9801-2034. Subsequently, PCME 98-019 is assigned. Photographs, full set of fingerprints and additional right index finger print as well as urine sample in blue top tube and blood samples in gray, red and lavender top tubes are obtained during the postmortem examination.

2
ER 373
U-88

98-019

RE: JOSE JESUS CEJA

PAGE 4 OF 6

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION

The postmortem examination of Jose Jesus Ceja is performed at the morgue of Central Arizona Medical Center in Florence, Arizona, commencing at 10:35 a.m. on January 21, 1998. Debbie Mobley assisted with the procedure.

GENERAL INSPECTION

The clad, unembalmed body is seen within a black sealed body bag.

CLOTHING AND PERSONAL EFFECTS

1. Short-sleeve blue shirt, clean, properly positioned and showing multiple wet spots.
2. Jail type blue jeans, new, properly positioned and clean.
3. White socks, clean and properly positioned.
4. White plastic diaper, properly positioned. The inner side is wet.
5. A golden ring is seen on his left fourth finger.

EXTERNAL EVIDENCE OF RECENT MEDICAL TREATMENT

1. A heavy multi-layer white gauze bandage 14 cm wide and clean is noted on the proximal right lower arm. A similar bandage about 10 cm wide is noted on the left antecubital fossa.
2. Two cardiac monitoring patches are noted on the chest.

EXTERNAL EVIDENCE OF RECENT INJURY

None.

EXTERNAL EXAMINATION

The body is that of a heavily set man of apparent Mexican descent that represents the stated age of 42 years. The body measures 178 cm and has an estimated weight of 112 kg. There is mild rigor mortis in jaws and extremities. There is moderate blanchable lividity seen on the back of the thorax. The body is slightly warm, but has been in refrigeration for approximately nine hours.

HEAD AND NECK

The head is of normal contour with abundant black hair, 5 cm average length with early frontal baldness. The ears and nose are unremarkable. The eyes are closed, showing clear conjunctivae, brownish irises and 0.4 cm pupils. The mouth is closed, shows complete frontal dentition. The mustache and beard are black and have recently been shaved. The neck is unremarkable externally.

ER
374
C-89

98-019

RE: JOSE JESUS CEJA

PAGE 5 OF 6

TRUNK

The thorax is symmetrical with increased amount of subcutaneous tissue beneath the breast areas. There are unremarkable nipples and no hair on the chest. The abdomen is prominent and symmetrical with unremarkable umbilical mark. The external genitalia, anus and back of the thorax show no gross abnormalities.

EXTREMITIES

Upper and lower extremities are symmetrical. A dry IV puncture site is noted on the mid right lower arm. Similar dry venous puncture site is also seen on his left antecubital fossa. The hand nails are short, round and clean. The lower limbs are unremarkable.

TATTOOS, SCARS AND MARKS

1. A tattooed letter-like figure 1.5 x 2 cm is noted on the first phalanx of his right fourth finger.
2. A duckling figure 8 x 10 cm is noted on his right lower leg.
3. A Mexican hat figure 5 x 3 cm is noted on his left lower leg.
4. An old man figure measuring 20 x 35 cm is seen on the mid back.

No scars or marks are identified.

INTERNAL EXAMINATION

The thoracic and abdominal walls are opened through a standard Y-shape incision. Anterior thoracic and abdominal walls show no gross abnormalities. The pericardial sac is intact and contains a normal amount of yellowish-pink fluid. The heart weighs 450 g. The external and internal surfaces are unremarkable. The coronary arteries show a moderate degree of atherosclerosis for a man in his early 40s.

The pleural cavities are free of adhesions or fluid. The lungs weigh 350 and 500 g, the right and left, respectively. The external surfaces are bluish-pink, smooth and glistening. The cut surfaces show no gross abnormalities. Main branches of pulmonary vasculature are bronchial system show no pathology. The trachea is in midline position and the lumen is empty. The thyroid gland is of normal size, shape and consistency. Surrounding neck structures show no gross abnormalities.

The esophagus is of normal length and caliber. The stomach is almost empty and the gastric mucosa shows no gross abnormalities. The small and large intestines are unremarkable. The fecal contents are of average consistency and color.

The liver weighs 1800 g. External and cut surfaces show no pathology. The gallbladder is intact and contains a normal amount of bile fluid. The pancreas and adrenal glands are unremarkable. The spleen weighs 380 g. It is slightly increased in consistency throughout.

ER 0-90
375

98-019

RE: JOSE JESUS CEJA

PAGE 6 OF 6

The kidneys are in normal position. They weigh 300 and 250 g, the right and left, respectively. The capsules stripped off with ease. The cortical surfaces are pinkish-tan, smooth. The urinary bladder contains approximately 100 mL of clear yellow urine.

HISTOLOGICAL EXAMINATION

Multiple representative tissues are preserved for future reference.

TOXICOLOGY EXAMINATION

Urine sample is submitted in blue top tube and blood samples are submitted in gray, red and lavender top tubes are obtained. See attached laboratory report.

BR
376
0-91

MAR-07-2004 13:33

HOSPITAL HABEAS
UNIVERSITY MEDICAL CENTER
150 North Campbell Avenue, Tucson,
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

602 382 2801

ona 85724

NAME: CEJA, JOSE JESUS
PT#: PCME-98019
ACCT: 9981192

LOC: PCME ROOM:
DR: RENDON, HUMBERTO (PCME)

AGE: 42Y SEX: M
CODE: 02871

		VOLATILE SUBSTANCES					
TEST:	SPECIMEN	ETHANOL mg/dL	ETHANOL mg/dL	METHANOL mg/dL	ACETONE mg/dL	ISOPROPANOL mg/dL	
UNITS:		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
LO-HI:		UNDE	UNDE	UNDE	0-20	UNDE	
01/21/88							
1116	AUTOPSY BLOOD		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	
1115	AUTOPSY URINE		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	

TEST:	SPECIMEN SOURCE	COCAINE METABOLITE(S) ng/mL	OPIATE METABOLITE(S) ng/mL	CANNABINOID METABOLITE(S) ng/mL	BENZODIAZEPINE METABOLITE(S) ng/mL	AMPHETAMINE & RELATED COMPOUNDS ng/mL	
UNITS:		ng/mL	ng/mL	ng/mL	ng/mL	ng/mL	
01/21/88							
1116	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	
1115	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	
						Positive	
						UNDETECTED	

ER
377

R

U-92

MAR-07-2004 13:33

CAPITAL HABERS
UNIVERSITY MEDICAL CENTER
North Campbell Avenue, Tucson,
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

602 382 2801 P.080/191

Arizona 85724

NAME: CEJA, JOSE JESUS
PT#: PCME-98019
ACCT: 9981192

LOC: PCME ROOM:
DR: RENDON, HUMBERTO (PCME)

AGE: 42Y

SEX: M
CODE: 02871

----- Special Chemistry Test Referral -----

01/21/08

* 1116 MISCELLANEOUS TESTING

TEST NAME

SODIUM THIOPENTAL

REFERENCE LAB

Test performed by Medtox Laboratories, Inc; St. Paul, Mn; Director:
Kingsley R. Labrosse

RESULT

See consultation report

ER
378

U-93

MAR-07-2004 13:34

SPITAL HABEAS

602 382 2801 P.083/191

MEDTOX
LABORATORIES402 WEST COUNTY ROAD D
ST. PIER, MN 55112
612-638-7486

9000

D. Gary Hemphill, Ph.D.
Harry G. McCoy, Pharm. D.
Jerome A. Collins, Ph.D.

NAME & ADDRESS UMC - DEPARTMENT OF CLINICAL PATH 1501 N. CAMPBELL AVE., RM 1424 TUCSON, AZ 85724		PATIENT NAME / SOCIAL SECURITY # CEJA, JOSE JESUS			
REFERRING PHYSICIAN / EMPLOYER ID RENDON/		PATIENT ID. NO. / CHAIN OF CUSTODY # PCME-98019		AGE	SEX
		DATE COLLECTED 01/21/98	TIME COLLECTED 11:15	DATE RECEIVED 02/11/98	ACCESSION # A5369774
TEST(S) REQUIRED		RESULTS		UNITS	REFERENCE RANGE
THIOPENTAL AND METABOLITE					
THIOPENTAL (PENTOTHAL)					
THIOPENTAL (PENTOTHAL SODIUM)		8.8		ug/ml	4.0 - 60.0
NOTE: ANALYSIS PERFORMED ON WHOLE BLOOD.					
PENTOBARBITAL (NEMBUTAL)		2.0		ug/ml	1.0 - 5.0
NOTE: ANALYSIS PERFORMED ON WHOLE BLOOD.					
NOTE: PENTOBARBITAL CONCENTRATIONS AS HIGH AS 50 ug/ml MAY BE REQUIRED TO INDUCE THERAPEUTIC COMA.					
NOTE: THIOPENTAL IS METABOLIZED TO PENTOBARBITAL.					
*** FINAL REPORT ***					

FEB 23 1998

ER

379

10-94

R-ST(1/97)

PINAL COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF
BEHAVIORAL HEALTH • MEDICAL EXAMINER • PUBLIC FIDUCIARY
POST OFFICE BOX 808 • FLORENCE, ARIZONA 85232

Mary B. Espinoza, M.S., M.C.
Director

Telephone (520) 868-6777
Fax (520) 868-6724
TDD (520) 868-6379

JOSE ROBERTO VILLAFUERTE
PINAL COUNTY MEDICAL EXAMINER'S #98-075
PINAL COUNTY, ARIZONA
AUTOPSY REPORT
ARIZONA DEPARTMENT OF CORRECTIONS #804-2189

APRIL 22, 1998

ER
380

U-95

98-075

RE: JOSE ROBERTO VILLAFUERTE

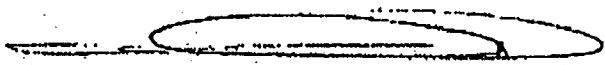
PAGE 2 OF 6

PATHOLOGICAL DIAGNOSIS

Acute combined drug intoxication (lethal injection by court order).

OPINION

This 45-year-old male died after acute combined drug intoxication administered by court warrant.


Humberto M. Rendon, MD
Pinal County Medical Examiner

hmr/scb

ER
381

U-96

98-075

RE: JOSE ROBERTO VILLAFUERTE

PAGE 3 OF 6

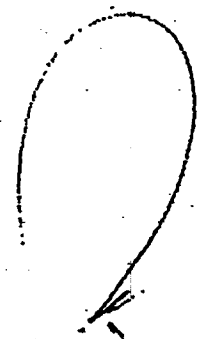
MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF THE DEATH

The deceased is a 45-year-old man (September 12, 1952) who was an inmate (48329) at the Arizona Department of Corrections in Florence. At 0018 on April 22, 1998, he was executed by lethal injection after a superior court warrant. He was pronounced dead at the scene by Warden Savage of the Arizona Department of Corrections staff.

IDENTIFICATION

The body identified as that of Jose Robert Villafuerte is received in a sealed body bag with Arizona Department of Corrections 9804-2189. Subsequently, PCME 98-075 is assigned. Photographs, full set of fingerprints and additional right index finger print, as well as blood samples in red and lavender top tubes and urine samples in blue top tube are obtained during the autopsy.

ER
382

U-97

98-075

RE: JOSE ROBERTO VILLAFUERTE

PAGE 4 OF 6

POSTMORTEM EXAMINATION**CIRCUMSTANCES OF THE EXAMINATION**

The postmortem examination of Jose Robert Villafuerte is performed at the morgue of Central Arizona Medical Center in Florence, Arizona, commencing at 11:35 a.m. on April 22, 1998. Debbie Mobley assisted with the procedure.

GENERAL INSPECTION

The clad, unembalmed body is seen within a sealed blue body bag.

CLOTHING AND PERSONAL EFFECTS

1. Blue short sleeve shirt, partially unbuttoned and clean. It has occasional wet spots.
2. Blue jeans, clean and properly positioned. The distal 14 cm of both legs are folded back.
3. White socks, clean and properly positioned.
4. Long leg diapers, clean and properly positioned.

EXTERNAL EVIDENCE OF RECENT MEDICAL TREATMENT

None.

EXTERNAL EVIDENCE OF RECENT INJURY

1. IV puncture site seen on the right antecubital fossa. This is covered by a band of white gauze 15 cm wide.
2. IV puncture site on the left antecubital fossa. This is wrapped in white adhesive bandage 10 cm wide.
3. An adhesive band 4 cm wide is seen over his right wrist.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished man of apparent Hispanic descent that represents the stated age of 45 years. The body measures 175 cm and weighs 75 kg. There is moderate rigor mortis noted on jaws and extremities. There is scanty blanchable lividity seen over the back of the thorax. The body is relatively cold after having been in refrigeration for a few hours.

HEAD AND NECK

The head is of normal contour with abundant black curly scalp hair, 10 cm average length. The beard and mustache are shaved uniformly. The ears and nose show no gross abnormalities. The nostrils are clean. The eyes are closed. The conjunctivae are clean. The irises are brown color and the pupils are 0.4 cm each. The mouth is closed. There is apparent complete frontal dentition. The neck is unremarkable on external examination. No gross abnormalities are identified on palpation of the scalp and skull bones.

ER
383

0-98

98-075

RE: JOSE ROBERTO VILLAFUERTE

PAGE 5 OF 6

TRUNK

The thorax is symmetrical with unremarkable nipples. There is an ill-defined X shape area 10 cm of average width, with the skin lighter color over the entire chest. The central aspect is over the tip of the sternum. The abdomen is symmetrical with unremarkable umbilical mark. The genitalia, anus and back of the thorax show no significant gross changes.

EXTREMITIES

Upper and lower extremities are symmetrical. The hand nails are short, rounded and clean. Lower limbs show no pathology.

TATTOOS, SCARS AND MARKS

1. There is a tattoo depicting the name of Juana. This measures 5 x 1 cm and is located 3 cm above the right nipple.
2. The word Panama measuring 6 x 1 cm is tattooed over the left upper arm.
3. The word El Salvador 1 x 8 cm is seen on his right upper arm.
4. There is a brown elongated irregular shaped skin mark that measures 5 x 1 cm over his left flank. No scars are noted.

INTERNAL EXAMINATION

The thoracic and abdominal cavities are opened through a standard Y-shape incision. The thoracic and abdominal walls are unremarkable. The pericardial sac is intact and contains a normal amount of yellowish-pink fluid. The heart weighs 350 g. The external and internal surfaces are unremarkable. There is a moderate degree of atherosclerosis of coronary arteries with multifocal areas of early calcification.

The pleural cavities are free of adhesions or fluid. The lungs weigh 600 g each. The external surfaces are purplish-red, smooth and wet. On sectioning, there is a slightly increased amount of hemorrhagic foamy fluid easily obtainable after gentle compression of tissues. The distal branches of pulmonary vasculature and bronchial system show no gross pathology. The trachea is in midline position and the lumen contains very scanty foamy debris.

The thyroid is of normal size, shape and consistency. Surrounding neck structures show no pathology.

The esophagus is of normal length and caliber. The stomach contains approximately 400 mL of mixed semifluid, brownish-tan food residue. The gastric mucosa is unremarkable. The small and large intestines show no pathology and the fecal contents are of average color and consistency.

ER
384

V-99

98-075

RE: JOSE ROBERTO VILLAFUERTE

PAGE 6 OF 6

The liver weighs 1700 g. External and cut surfaces are unremarkable. The gallbladder is intact and contains a normal amount of dense bile fluid. The pancreas and adrenal glands show no pathology. The spleen weighs 300 g and is of diffuse moderate increase in consistency.

The kidneys weigh 120 g each. Both are in normal location. The capsules stripped off with relative ease. The cortical surfaces are smooth, pinkish-tan. The ureters are of average length and caliber. The urinary bladder contains approximately 50 mL of yellowish clear urine.

HISTOLOGICAL EXAMINATION

Multiple representative tissues are preserved for future reference.

TOXICOLOGY EXAMINATION

Urine sample is obtained in blue top tube and blood samples are obtained in gray, red and lavender top tubes. See attached laboratory report.

ER
385

0-100

MAR-07-2004 13:35

HOSPITAL HABEAS
UNIVERSITY MEDICAL CENTER
150 North Campbell Avenue, Tucson,
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

602 382 2801 P.090/191

Zone 85724

NAME: VILLAFUERTE, JOSE R

PT#: PCME-98075

ACCT: 9981192

LOC: PCME

ROOM:

AGE: 45Y

SEX: M

CODE: 02871

DR: RENDON, HUMBERTO (PCME)

		VOLATILE SUBSTANCES						
TEST:	SPECIMEN	ETHANOL	ETHANOL	METHANOL	ACETONE		ISOPROPANOL	
UNITS:		mg/dL	mg/dL	mg/dL	mg/dL		mg/dL	
LO-HI:		UNDE	UNDE	UNDE	0-20		UNDE	
04/22/88								
1200	AUTOPSY BLOOD		UNDETECTED	UNDETECTED	UNDETECTED		UNDETECTED	
1200	AUTOPSY URINE		UNDETECTED	UNDETECTED	UNDETECTED		UNDETECTED	
		SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)						
TEST:	SPECIMEN	COCAINE	OPIATE	CANNABINOID	BENZODIAZEPINE		AMPHETAMINE	BARBITURATE
UNITS:	SOURCE	METABOLITE(S)	METABOLITE(S)	METABOLITE(S)	METABOLITE(S)		& RELATED COMPOUNDS	SCREEN
		ng/mL	ng/mL	ng/mL	ng/mL		ng/mL	ng/mL
04/22/88								
1200	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		UNDETECTED	Positive
1200	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		UNDETECTED	UNDETECTED

ER
386

0-101

MAR-07-2004 13:36

PITAL HABEAS

602 382 2801 P.091/191

PINAL COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF
BEHAVIORAL HEALTH • MEDICAL EXAMINER • PUBLIC FIDUCIARY
POST OFFICE BOX 808 • FLORENCE, ARIZONA 85232

Mary B. Espinoza, M.S., M.C.
Director



Telephone (520) 868-6777
Fax (520) 868-6724
TDD (520) 868-6379

ARTHUR MARTIN ROSS
PINAL COUNTY MEDICAL EXAMINER'S #98-080
PINAL COUNTY, ARIZONA
AUTOPSY REPORT
ARIZONA DEPARTMENT OF CORRECTIONS 9804-2197
APRIL 29, 1998

ER
367

U-102

98-080

RE: ARTHUR MARTIN ROSS

PAGE 2 OF 6

PATHOLOGICAL DIAGNOSES

1. Acute combined drug intoxication by lethal injection after court order.
2. Mydriasis.
3. Remote appendectomy.
4. Absence of left kidney.
5. Toxicology report positive.

OPINION

This 43-year-old man died as a result of acute combined drug intoxication after lethal injection, in accordance to an Arizona Supreme Court warrant.



Humberto M. Rendon, MD
Pinal County Medical Examiner

Signed 6/11/98

hmr/scb

BR
388

U-103

98-080

RE: ARTHUR MARTIN ROSS

PAGE 3 OF 6

MEDICOLEGAL INVESTIGATION**CIRCUMSTANCES OF THE DEATH**

The deceased is a 43-year-old man (DOB: May 24, 1954) who was an inmate (85271) at the Arizona Department of Corrections in Florence. He was given a lethal injection by court order at 0006 on April 29, 1998. He was pronounced dead the scene by Warden Meg Savage.

IDENTIFICATION

The body identified as Arthur Martin Ross is received in a sealed blue body bag with Arizona Department of Corrections ID 9804-2197. Our photo card mistakenly shows Arizona Department of Corrections ID as 9804-2129. Subsequently, PCME 98-080 is assigned. Photographs, full set of fingerprints and additional right index finger print, as well as urine in blue top tube and blood samples in gray, red and lavender top tubes are also obtained during the autopsy.

ER
389

U-104

98-080

RE: ARTHUR MARTIN ROSS

PAGE 4 OF 6

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION

The postmortem examination of Arthur Martin Ross is performed at the morgue of Central Arizona Medical Center in Florence, Arizona, commencing at 9:25 a.m. on April 29, 1998. Debbie Mobley assisted with the procedure.

GENERAL INSPECTION

The clad, unembalmed body is seen within a sealed blue body bag.

CLOTHING AND PERSONAL EFFECTS

1. Light blue short sleeve shirt, partially unbuttoned and with multiple spots of wetness mainly over both shoulder areas.
2. Uniform blue jeans, clean and properly positioned. The distal 10 cm of both legs are rolled up.
3. White socks, clean and properly positioned.
4. Long leg diapers, clean and properly positioned.

EXTERNAL EVIDENCE OF RECENT MEDICAL TREATMENT

1. An IV puncture site, dry, is covered by clean gauze, 23 cm wide. The puncture site is on the right antecubital fossa.
2. An IV puncture site with a butterfly is seen on the left antecubital fossa. This is covered by clean gauze 5 cm wide.
3. One cardiac monitoring patch is seen on the right flank.

EXTERNAL EVIDENCE OF RECENT INJURY

See external examination.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished man of Caucasian origin, representing the stated age of 43 years. The body measures 185 cm and has an estimated weight of 83 kg. There is moderate rigor mortis noted on jaws and extremities. There is small blanchable lividity on the back of the thorax and lower limbs. The body is cold to touch and has been refrigerated for several hours.

HEAD AND NECK

The head is of normal contour with dark brown straight scalp hair, 12 cm average length. The mustache and beard are 0.2 cm average length. The ears and nose show no gross abnormalities. The nostrils are clean. The eyes are closed, showing clean conjunctivae, bluish irises and 0.7 cm pupils. The mouth is closed. The upper arcade is edentulous and

ER
390

U-105

98-080

RE: ARTHUR MARTIN ROSS

PAGE 5 OF

denture on the lower arcade is ill-aligned and in poor hygienic condition. The neck is unremarkable on external examination.

TRUNK

The thorax is symmetrical with a good amount of brownish hair over the chest and unremarkable nipples. The abdomen is slightly excavated, symmetrical with an unremarkable umbilical mark. The external genitalia, the anus and back of the thorax show no gross abnormalities.

EXTREMITIES

Upper and lower extremities are unremarkable and symmetrical. The hand nails are 0.2 cm average length, rounded and clean. Both lower limbs are unremarkable.

TATTOOS, SCARS AND MARKS

There is a very faint old surgical scar about 7 cm in length on the right lower abdominal quadrant.

INTERNAL EXAMINATION

The thoracic and abdominal cavities are opened through the standard Y-shape incision. The chest and abdominal walls show no gross abnormalities. The pericardial sac is intact and contains a normal amount of pinkish clear fluid. The heart weighs 420 g. External and internal surfaces show no gross abnormalities.

The pleural cavities are free of adhesions or fluid. The lungs weigh 900 and 680 g, the right and left, respectively. The external surfaces are wet, purplish-red. On sectioning, there is an increased amount of foamy and hemorrhagic debris easily obtainable after gentle compression, especially on posterior segments. The trachea is in midline position. The lumen is clean.

The thyroid is of normal size, shape and consistency. Surrounding neck structures are unremarkable.

The esophagus is of normal length and caliber. The stomach contains a large amount of whitish grayish-tan food residue among which eggs can be identified. The small and large intestines show no gross abnormalities. The appendix had been previously removed by surgery. The fecal contents are of average color and consistency.

The liver weighs 1680 g. External and cut surfaces are unremarkable. The gallbladder is intact and contains a normal amount of bile. The pancreas and adrenal glands show no gross pathology. The spleen weighs 300 g and shows no gross abnormalities.

BR
391
0-106

98-080

RE: ARTHUR MARTIN ROSS

PAGE 6 OF 6

The right kidney is in normal position. The capsule stripped off with ease. The cortical surface pinkish and smooth. The left kidney is absent, as is also the left renal vein and artery. The urinary bladder is full of clear pale yellowish urine.

HISTOLOGICAL EXAMINATION

Multiple representative tissues are preserved for future reference.

TOXICOLOGY EXAMINATION

Urine sample is obtained in blue top tube, and blood samples are obtained in gray, red and lavender top tubes. See attached laboratory report.

ER
392

U-107

MAR-07-2004 13:37

HOSPITAL HABERS

602 382 2801 P.097/191

UNIVERSITY MEDICAL CENTER
150 North Campbell Avenue, Tucson, Arizona 85724
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

NAME: ROSS, ARTHUR M
PT#: PCME-98080
ACCT: 9981192

LOC: PCME ROOM: AGE: 43Y
DR: RENDON, HUMBERTO (PCME)

SEX: M
CODE: 02871

		VOLATILE SUBSTANCES				
TEST:	SPECIMEN	ETHANOL	ETHANOL	METHANOL	ACETONE	ISOPROPANOL
UNITS:		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
LO-HI:		UNDE	UNDE	UNDE	0-20	UNDE
04/29/88						
0842	AUTOPSY BLOOD		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED
0842	AUTOPSY URINE		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

TEST: UNITS:	SPECIMEN SOURCE	SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)				AMPHETAMINE & RELATED COMPOUNDS ng/mL	BARBITURATE SCREEN ng/mL
		COCAINE METABOLITE(S) ng/mL	OPIATE METABOLITE(S) ng/mL	CANNABINOID METABOLITE(S) ng/mL	BENZODIAZEPINE METABOLITE(S) ng/mL		
04/29/88							
0842	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		Positive
0842	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

ER
393

11-108

MAR-07-2004 13:37

PITAL HABEAS

602 382 2801 P.098/191

PINAL COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF
BEHAVIORAL HEALTH • MEDICAL EXAMINER • PUBLIC FIDUCIARY
POST OFFICE BOX 808 • FLORENCE, ARIZONA 85232

Mary B. Espinoza, M.S., M.C.
Director



Telephone (520) 868-6777
Fax (520) 868-6724
TDD (520) 868-6379

DOUGLAS EDWARD GRETZLER
PINAL COUNTY MEDICAL EXAMINER'S #98-109
PINAL COUNTY, ARIZONA
AUTOPSY REPORT
ARIZONA DEPARTMENT OF CORRECTIONS 9806-2258
JUNE 4, 1998

2

ER
394

U-10a

98-109

RE: DOUGLAS EDWARD GRETZLER

PAGE 2 OF 6

PATHOLOGICAL DIAGNOSES

1. Acute combined drug intoxication by lethal injection.
2. Bilateral pulmonary panlobar emphysema, mild.
3. Liver subcapsular hemangioma, single; congenital?

OPINION

This 47-year-old man died as a result of acute combined drug intoxication which was administered by injection by court order.


Humberto M. Rendon, MD
Pinal County Medical Examiner

Signed 7.20.98

hmr/scb

ER
395

U-110

98-109

RE: DOUGLAS EDWARD GRETZLER

PAGE 3 OF 6

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF THE DEATH

The deceased is a 47-year-old man (DOB: May 21, 1951) who was an inmate (036335) at the Arizona Department of Corrections in Florence, Arizona. He was administered lethal injection by court warrant on the mid afternoon of June 3, 1998. He was pronounced dead at the scene at 1511 hours by Meg Savage, a warden of the Arizona Department of Corrections.

IDENTIFICATION

The body identified as that of Douglas Edward Gretzler is received in a sealed body bag with Arizona Department of Corrections ID 9806-2258. Subsequently, PCME 98-109 is assigned. Photographs, full set of fingerprints and additional right index finger print, as well as urine sample in blue top tube and blood samples in gray, red and lavender top tubes are obtained during the postmortem examination.

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396

U-111

98-109

RE: DOUGLAS EDWARD GRETZLER

PAGE 4 OF 6

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION

The postmortem examination of Douglas Edward Gretzler is performed at the morgue of Central Arizona Medical Center in Florence, Arizona, commencing at 9:38 a.m. on June 4, 1998. Debbie Mobley assisted with the procedure.

GENERAL INSPECTION

The clad, unembalmed body is seen within a sealed blue body bag.

CLOTHING AND PERSONAL EFFECTS

1. Short sleeve blue shirt, partially unbuttoned, clean and properly positioned.
2. Dark blue new prison type of blue jeans with distal 10 cm of both legs rolled up. These are clean and properly positioned.
3. White socks, clean and properly positioned.
4. White protective diapers, clean and properly positioned.

EXTERNAL EVIDENCE OF RECENT MEDICAL TREATMENT

Three cardiac monitoring patches are noted on the chest and left flank.

EXTERNAL EVIDENCE OF INJURY

See external examination.

EXTERNAL EXAMINATION

The body is that of a tall well-developed, well-nourished man of Caucasian race that represents the stated age of 47 years. The body measures 185 cm and has an estimated weight of 68 kg. Moderate rigor mortis is seen on jaws and extremities. There is blanchable lividity on the back of the thorax and upper posterior legs. The body is cold to touch and has been refrigerated.

HEAD AND NECK

The head is of normal contour with dark brown straight scalp hair, 12 cm longest. The beard and mustache have recently been shaved. A longitudinal slit like depression is seen on his chin. This measures 3.5 cm in length and is 2 cm left of the midline. There is a yellowish tint of skin in both orbital areas. The eyes are open and show contact lenses. The conjunctivae are clear. The irises are brownish and the pupils are 0.4 cm each. The ears show mild congestion. The nose is unremarkable and the nostrils are clean. The mouth is closed and shows complete frontal dentition. The neck is symmetrical and externally unremarkable. There is, however, mild diffuse erythema of skin on the supraclavicular fossa and extending on to the most upper portion of the mid chest wall.

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397

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98-109

RE: DOUGLAS EDWARD GRETZLER

PAGE 5 OF 6

TRUNK

The thorax is symmetrical with unremarkable nipples and no hair on the chest. The abdomen is symmetrical with an unremarkable umbilical mark. A circumferential skin pale mark is seen above both anterior iliac crest and corresponds to the diaper's elastic pressure around the waist. The external genitalia shows no gross abnormalities. The anus is clean. The back of the thorax shows no significant changes.

EXTREMITIES

Upper and lower extremities are symmetrical. The upper limbs are extended by the side of the trunk. A multilayer white gauze bandage 9 cm wide is seen on the right elbow. This covers two dry IV puncture sites. Similar bandage, but 12 cm wide, is also noted on the left elbow. This covers two dry IV puncture sites. The hand nails are 0.3 cm average length. They are rounded and well trimmed. The lower limbs show no abnormalities. The feet are unremarkable.

TATTOOS, SCARS AND MARKS

A monochromic blue complex tattoo measuring 16 x 40 cm is seen on his right upper limb. This is centered at the elbow and depicts a monster like figure. A fading triangle with the letter P inside measuring 6 x 6 cm and with the inscription "B-57930" is seen on his right upper arm. No scars or marks are identified.

INTERNAL EXAMINATION

The thoracic and abdominal cavities are opened through a standard Y-shape incision. The chest and abdominal walls show no abnormalities. The pericardial sac is intact and contains a normal amount of yellowish-pink fluid. The heart weighs 400 g. External and internal surfaces show no gross abnormalities. There is a mild degree of atherosclerotic changes for an individual in his mid 40s.

The pleural cavities are free of adhesions or fluid. The lungs weigh 520 g each. The external surfaces are purplish-red, smooth and wet. The cut surfaces show a mild degree of panlobar emphysematous changes and the intervening stroma is congested and edematous. Main branches of pulmonary vasculature and distal bronchial system show no gross abnormalities. The trachea is in midline position and the lumen is clear. The thyroid is of normal size, shape and consistency. Surrounding neck structures show no gross abnormalities.

The esophagus is of normal length and caliber. The stomach contains a large amount of mixed, semi liquid food residue, among which egg like debris is identified. No sizable vegetable particles are seen. The small and large intestines show no gross pathology and the fecal contents are of average color and consistency.

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98-109

RE: DOUGLAS EDWARD GRETZLER

PAGE 6 OF 6

The liver weighs 1900 g. External and cut surfaces are smooth, pinkish-tan. There is a 1-cm subcapsular hemangiomatous growth on the anterior surface of the left lobe. This measures 1-cm in diameter. The gallbladder is intact and contains a normal amount of bile. The pancreas and adrenal glands show no gross abnormalities. The spleen weighs 300 g, is slightly increased in consistency. The cut surface shows no significant abnormalities.

The kidneys are in normal position. They weigh 150 and 170 g, the right and left, respectively. The capsules stripped off with ease. The cortical surfaces are smooth, pinkish-tan. The ureters are of average caliber and length. The urinary bladder contains approximately 20 mL of tea color, clear urine.

HISTOLOGICAL EXAMINATION

Multiple representative tissues are preserved for future reference.

TOXICOLOGY EXAMINATION

Urine sample is obtained in blue top tube. Blood samples are obtained in gray, red and lavender top tubes are obtained. See attached laboratory report.

ER
399

U-114

MAR-07-2004 13:39

HOSPITAL HABEAS

602 382 2801 P.104/191

150 North Campbell Avenue, Tucson,
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

Zona 85724

NAME: GRETZLER, DOUGLAS

PT#: PCME-98109

LOC: PCME

ROOM:

AGE: 47Y

SEX: M

ACCT: 9981192

DR: RENDON, HUMBERTO (PCME)

CODE: 02871

		VOLATILE SUBSTANCES				
TEST:	SPECIMEN	ETHANOL	ETHANOL	METHANOL	ACETONE	ISOPROPANOL
UNITS:		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
LO-HI:		UNDE	UNDE	UNDE	0-20	UNDE
08/03/88						
1014	AUTOPSY BLOOD		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED
1014	AUTOPSY URINE		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

TEST: UNITS:	SPECIMEN SOURCE	SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)				AMPHETAMINE & RELATED COMPOUNDS ng/mL	BARBITURATE SCREEN ng/mL
		COCAINE METABOLITE(S) ng/mL	OPIATE METABOLITE(S) ng/mL	CANNABINOID METABOLITE(S) ng/mL	BENZODIAZEPINE METABOLITE(S) ng/mL		
08/03/88							
1014	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		Positive
1014	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	Positive

ER
400

U-115

JESSE JAMES GILLIES

ML #99-0073

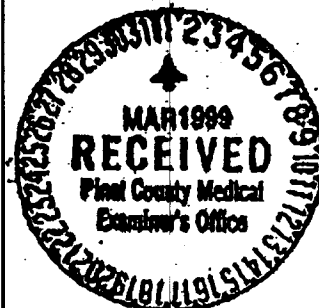
AUTOPSY REPORT

PINAL COUNTY, ARIZONA

ARIZONA DEPARTMENT OF CORRECTIONS

CASE #9901-2025

JANUARY 14, 1999



ER
401

2
U-116

ML 99-0073

Re: Jesse J. Gillies

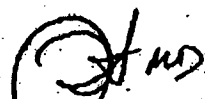
Page 2

PATHOLOGIC DIAGNOSES:

1. Arrhythmia due to intravenous administration of potassium chloride
2. Pulmonary congestion (combined lung weight 2080 gm)

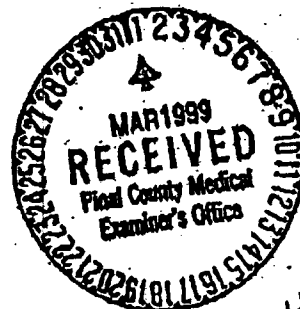
OPINION:

Death of this man is due to arrhythmia from intravenous administration of potassium chloride (judicial execution).



Eric E. Peters, M.D.
Forensic Pathologist

EDP/af



BR
402

U-117

ML 99-0073

Re: Jesse J. Gillies

Page 3

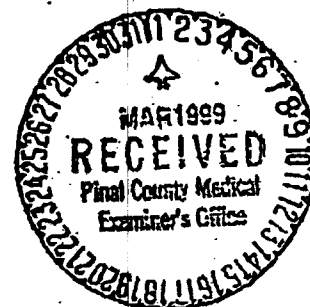
MEDICOLEGAL INVESTIGATION

AUTHORIZATION:

The postmortem examination is performed under the authorization of the Pinal County Medical Examiner's Office.

IDENTIFICATION:

The body is identified by Warden Thomas. 35 mm photographs and fingerprints of the deceased are taken.



BR
403

V-118

ML 99-0073

Re: Jesse J. Gillies

Page 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of Jesse Gillies is performed at the Forensic Science Center, 2825 E. District Street, Tucson, Arizona on January 14, 1999 commencing at 0845 hours. Assisting in the examination are Mr. Mike Wisnieski and Mr. William Ferguson.

GENERAL DESCRIPTION:

The body is received in a sealed blue plastic body bag.

EXTERNAL EXAMINATION:

The body is of a light-skinned, well-developed, well-nourished, 6'1", 202 pound man whose appearance is consistent with the given age of 38 years (DOB: October 18, 1960). The hair is brown, thick, short and has frontal balding. There is no mustache or beard. The irides are green-brown and the conjunctivae are anicteric without petechiae or hemorrhage. The oral cavity is atraumatic, and the teeth are natural in poor repair. The torso and extremities are well developed and unremarkable except for a 1/2" fleshy papule at the right lower quadrant and a 1-1/4" purple-brown contusion at the left mid shin. The genitalia are of a circumcised adult with descended testes. There is a monochromatic non professional tattoo at the left forearm portraying a heart with an overlying banner.

POSTMORTEM CHANGES:

Rigor mortis is strong throughout. Livor mortis is non-fixed, purple and posterior. The body is cool.

CLOTHING:

On the decedent are:

- 1) One blue collared short sleeved button down shirt
- 2) One pair of white athletic socks
- 3) One pair of dark blue denim pants
- 4) One pair of white plastic briefs

THERAPEUTIC PROCEDURES:

- 1) Taped and rolled gauze overlie bilateral antecubital fossae.
- 2) EKG leads are at the anterior torso and left lateral torso.

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404

0-119

ML 99-0073

Re: Jesse J. Gillies

Page 5

INTERNAL EXAMINATION:**Head:**

The scalp has no contusion. The skull has no fracture. The leptomeninges are clear, thin, and delicate. There is no epidural, subdural or subarachnoid hemorrhage. The gray and white matter, deep nuclei, and ventricles are unremarkable. There is an unremarkable distribution of cerebral vessels and cranial nerves. The brain weighs 1520 gm.

Neck Organs:

The cervical vertebrae, hyoid bone, and tracheal and laryngeal cartilages are unremarkable. The base of the tongue and paratracheal soft tissues are unremarkable.

Body Cavities:

The organs are in their normal situs. There are no abnormal fluid accumulations or fibrous adhesions in any of the body cavities.

Cardiovascular System:

The aorta is without atherosclerosis. The venae cavae and pulmonary arteries are without thrombus or embolus. The heart weighs 440 gm and has an unremarkable distribution of right dominant coronary vessels without atherosclerotic stenoses. The myocardium is uniformly red-brown without hemorrhage, softening, fibrosis or pallor. The left ventricle is 1.4 cm thick. The endocardial surfaces and four cardiac valves are unremarkable.

Respiratory System:

The right lung weighs 1740 gm; the left lung weighs 940 gm. Both lungs are dark red without hemorrhage consolidation or obstruction. There is marked bilateral congestion. The bronchial vasculature and architecture are unremarkable.

Liver, Gallbladder and Pancreas:

The liver weighs 2580 gm, has an intact, smooth capsule, and a brown parenchyma without slippery or fibrous texture. The gallbladder is unremarkable and contains approximately 5 ml of dark green bile without calculi. The pancreas is of normal lobulation, color, and texture.

Hemic and Lymphatic Systems:

The spleen weighs 310 gm, has an intact, smooth capsule, and a dark red parenchyma without prominent white pulp. There are no lymph node enlargements.

Genitourinary System:

Each kidney weighs 210 gm. Both kidneys have smooth subcapsular surfaces with an unremarkable underlying architecture and vasculature. Both ureters are normal caliber and drain into an unremarkable bladder containing approximately 300 ml of clear, yellow urine. The testes

ER
409

U-120

ML 99-0073

Re: Jesse J. Gillies

Page 6

Genitourinary System (Continued):
are unremarkable.

Endocrine System:
The pituitary, thyroid, and adrenal glands are of normal size, color and consistency.

Digestive System:
The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 250 ml of brown semi solid non descript contents. There are no pill or tablet fragments. The gastric mucosa, duodenum, remainder of small intestines, appendix, and large intestines are unremarkable.

Musculoskeletal System:
The clavicles, sternum, vertebrae, ribs, and pelvis are without fracture. The musculature is normally distributed and unremarkable.

TOXICOLOGY (SEE ATTACHED REPORT)

ER
406

U-121

MAR-07-2004 13:40

1501 North Campbell

HOSPITAL HABEAS

Tucson, Arizona 85724

Kenneth J. Ryan, M.D., Medical Director

Department of Pathology

602 382 2801 P.111/191

NAME: GILLIES, JESSE J

PT#: HL-990073

LOC: HL

ROOM:

AGE: 38Y

SEX: M

ACCT: 9987645

DR: PETERS, ERIC (ONE)

CODE: 02937

Special Chemistry Test Referral

/14/99

0001

MISCELLANEOUS TESTING

TEST NAME

REFERENCE LAB

RESULT

THIOPEPTAL QUANTITATION

Test performed by Medtox Laboratories, Inc; St. Paul, Mn; Director:
Kingsley R. Labrosse

PEND

GILLIES, JESSE J

1/29/1999 19:48

PAGE: 1

HL-990073

OR DAILY CUM
SIGNATURE

FINAL REPORT

ER
407

U-127

Kenneth J. Ry
DepartmentD., Medical Director
PathologyNAME: GILLIES, JESSE J
PT#: ML-990073
ACCT: 9987645LOC: ML ROOM:
DR: PETERS, ERIC(ONE)

AGE: 38Y

SEX: M
CODE: 02937

ST: HTS:	SPECIMEN SOURCE	SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)				
		COCAINE METABOLITE(S) ng/mL	OPIATE METABOLITE(S) ng/mL	CANNABINOID METABOLITE(S) ng/mL	BENZODIAZEPINE METABOLITE(S) ng/mL	BARBITURATE SCREEN ng/mL
1/14/99 001	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	Positive

GILLIES, JESSE J
1/29/1999 19:48

PAGE: 2

ML-990073
OF DAILY CUM
SIGNATURE

FINAL REPORT

ER
408

U-123

MAR-07-2004 13:41

PITAL HABEAS

602 382 2801 P.113/191

PINAL COUNTY DEPARTMENT OF HEALTH SERVICES
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Director



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TDD (520) 868-6379

DERRICK L. GARLAUGH

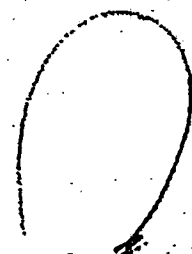
PINAL COUNTY MEDICAL EXAMINER'S #99-023

PINAL COUNTY, ARIZONA

AUTOPSY REPORT

ARIZONA DEPARTMENT OF CORRECTIONS 9901-2037

FEBRUARY 4, 1999



ER
409

U-124

99-023

RE: DERRICK L. GARLAUGH

PAGE 2 OF 6

PATHOLOGICAL DIAGNOSES

1. Acute combined drug intoxication by lethal injection after court order.
2. IV puncture sites on right and left antecubital fossae associated to #1.
3. No external evidence for somatic abnormalities or injuries seen.

OPINION

This 38-year-old man had died as a result of acute combined drug intoxication administered by lethal injection after court order.



Humberto M. Rendon, MD
Pinal County Medical Examiner

hmr/scb

ER
4/10

U-129

99-023

RE: DERRICK L. GARLAUGH

PAGE 3 OF 5

MEDICOLEGAL INVESTIGATION**CIRCUMSTANCES OF THE DEATH**

The deceased is a 38-year-old man (DOB: June 17, 1960) who was an inmate (042707) at the Arizona Department of Corrections in Florence, Arizona and was executed by lethal injection late in the afternoon of February 3, 1999. He was pronounced dead at 1909 hours by Warden Thomas.

His legal advisor had requested that this office keep postmortem examination to the minimum. This office obliged to do external examination and obtain samples for toxicology.

IDENTIFICATION

The body identified as Derrick L. Garlaugh is received in a sealed body bag with Arizona Department of Corrections ID 9901-2037. Subsequently, PCME 99-023 is assigned (by mistake, our photocard shows 022 rather than the correct of 99-023). Photographs, full set of fingerprints, hair samples from the right temporal area as well as blood in gray, red and lavender top tubes is obtained by cardiac puncture.

ER
411

U-126

99-023

RE: DERRICK L. GARLAUGH

PAGE 4 OF 5

POSTMORTEM EXAMINATION**CIRCUMSTANCES OF THE EXAMINATION**

The postmortem examination of Derrick L. Garlaugh is performed at the morgue of Central Arizona Medical Center in Florence, Arizona, commencing at 10:35 a.m. on February 4, 1999. Debbie Mobley assisted with the procedure.

GENERAL INSPECTION

The clad, unembalmed body is seen in supine position within a sealed with metal clip blue body bag.

CLOTHING AND PERSONAL EFFECTS

1. Short sleeve uniform blue shirt, clean and properly positioned and showing multiple wet spots.
2. New blue jeans, clean and properly positioned. The jeans are slightly oversized.
3. White socks, clean and properly positioned.
4. Protective diapers, clean and properly positioned.

EXTERNAL EVIDENCE OF RECENT MEDICAL TREATMENT

None.

EXTERNAL EVIDENCE OF RECENT INJURY

The right elbow is covered with a multilayer white band, 10 cm wide. The left elbow has similar covering but is 20 cm wide. Both are clean on external examination. The bands are not removed at the time of external examination.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished man of apparent Native-American Indian descent that represents the stated age of 38 years. The body measures 177 cm in length and has an estimated weight of 64 kg. Strong rigor mortis noted on jaws and extremities. Mild blanchable lividity is seen on the back of the thorax. The body is cold to touch and has been refrigerated.

HEAD AND NECK

The head is of normal contour with abundant black undulated scalp hair to shoulder level. The beard and mustache have been recently shaved. The eyes are closed. No conjunctivae petechiae is seen. The irises are brown and the pupils are 0.4 cm each. The ears and nose show no gross abnormalities. The mouth is semiopen and shows complete frontal dentition. The neck is unremarkable on external examination.

EP
412

0-127

99-023

RE: DERRICK L. GARLAUGH

PAGE 5 OF 5

TRUNK

The thorax and abdomen are unremarkable. The external genitalia, the anus and back of the thorax show no gross abnormalities.

EXTREMITIES

Upper and lower limbs are unremarkable.

TATTOOS, SCARS AND MARKS

The following tattoos are noted:

- A. The letters "AW-AKMULT" and a bird-like figure with the inscription "AWTHAM" at the bottom and measuring all together 8 x 12 cm is seen on the left upper arm.
- B. A dot 0.3-cm in diameter is seen on the right wrist.
- C. The word "pride" is written under a complex figure that measures all together 20 x 20 cm in the mid upper abdominal wall.
- D. About 8 semicircular marks are seen on the left upper chest.

No marks or scars noted.

INTERNAL EXAMINATION

Deferred.

HISTOLOGICAL EXAMINATION

Not done.

TOXICOLOGY EXAMINATION

Blood sample is obtained through direct puncture of the cardiac cavity and submitted in gray, red and lavender top tubes. See attached laboratory report.

ER
413

U-128

MAR-07-2004 13:42

CAPITAL HABEAS
UNIVERSITY MEDICAL CENTER
150 North Campbell Avenue, Tucson,
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

b02 002 2004
ona 85724

NAME: GERLAUGH, DERRICK L

PT#: PCME-99023

LOC: PCME

ROOM:

AGE: 38Y

SEX: M

ACCT: 9981192

DR: RENDON, HUMBERTO (PCME)

CODE: 02871

TEST: UNITS: LO-HI:	SPECIMEN	VOLATILE SUBSTANCES				ISOPROPANOL ng/dL UNDE
		ETHANOL ng/dL UNDE	ETHANOL ng/dL UNDE	METHANOL ng/dL UNDE	ACETONE ng/dL 0-20	
02/04/88 1048	AUTOPSY BLOOD		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

TEST: UNITS:	SPECIMEN SOURCE	SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)				BARBITURATE SCREEN ng/mL
		COCAINE METABOLITE(S) ng/mL	OPiate METABOLITE(S) ng/mL	CANNABINOID METABOLITE(S) ng/mL	BENZODIAZEPINE METABOLITE(S) ng/mL	
02/04/88 1048	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	Positive

BR
414

U-129

MAR-07-2004 13:42

PITAL HABEAS

602 382 2801 P.119/191

PINAL COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF
BEHAVIORAL HEALTH • MEDICAL EXAMINER • PUBLIC FIDUCIARY
POST OFFICE BOX 808 • FLORENCE, ARIZONA 85232

Mary B. Espinoza, M.S., M.C.
Director



Telephone (520) 868-6777
Fax (520) 868-6724
TDD (520) 868-6379

KARL HINZE LAGRANDE
PINAL COUNTY MEDICAL EXAMINER'S #99-045
PINAL COUNTY, ARIZONA
AUTOPSY REPORT
ARIZONA DEPARTMENT OF CORRECTIONS 99-0537
FEBRUARY 25, 1999

ER
415
U-130

99-045

RE: KARL HINZE LAGRAN

PAGE 2 OF 6

PATHOLOGICAL DIAGNOSES

1. Acute combined drug intoxication by lethal injection after Arizona Superior Court order.
2. IV puncture sites on right and left antecubital fossae.
3. Catheter implant on left and right feet.
4. Toxicology: See attached laboratory report.

OPINION

This 36-year-old man's death was due to acute combined drug intoxication after lethal injection by court order.


Humberto M. Rendon, MD
Pinal County Medical Examiner

hmr/scb

BR
4/6

0-131

99-045

RE: KARL HINZE LAGRAN

PAGE 3 OF 6

MEDICOLEGAL INVESTIGATION**CIRCUMSTANCES OF THE DEATH**

The deceased is a 26-year-old man (DOB: October 10, 1963) who was an inmate (#44849) at the Arizona Department of Corrections in Florence, Arizona. He had received a lethal injection by court order at approximately 1820 hours on February 24, 1999.

IDENTIFICATION

The body identified as Karl Hinze Lagrand is received in a sealed body bag with Arizona Department of Corrections ID 99-0537. Subsequently, PCME 99-045 is assigned. Photographs, hair samples from his right temporal area, as well as urine sample in blue top tube and blood samples in gray, red and lavender top tubes are obtained during the postmortem examination. Full set of fingerprints also obtained.

2
BR
417

U-132

99-045

RE: KARL HINZE LAGRANDE

PAGE 4 OF 6

POSTMORTEM EXAMINATION**CIRCUMSTANCES OF THE EXAMINATION**

The postmortem examination of Karl H. Lagrande is performed at the morgue of Central Arizona Medical Center in Florence, Arizona, commencing at 10:45 a.m. on February 25, 1999. Debbie Mobley assisted with the procedure.

GENERAL INSPECTION

The clad, unembalmed body is seen in supine position within a sealed blue body bag with metal clip, 306.

CLOTHING AND PERSONAL EFFECTS

1. A prison blue uniform short-sleeve shirt, clean and properly positioned.
2. Prison uniform blue jeans, clean and properly positioned.
3. White sock, right.
4. Pale yellow diapers, clean and properly positioned.

EXTERNAL EVIDENCE OF RECENT MEDICAL TREATMENT

Three cardiac monitoring patches are noted on the chest and left flank.

EXTERNAL EVIDENCE OF RECENT INJURY

- A. IV puncture sites, properly wrapped in white clean gauze, seen on the right and left antecubital fossae, as well as on the distal left lower arm. On the right side, a fine catheter 10-cm long remains in place.
- B. IV puncture sites are seen wrapped in clean white multiple layer application of gauze on his left foot and ankle. A catheter remains in place. A small amount of bleeding has taken place.
- C. A clean IV puncture site with a 15-cm long segment of clean catheter is noted on his right foot. This area is covered with clean gauze and also with white clean sock.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished man of Caucasian race that represents the stated age of 36 years. The body measures 173 cm in length and has an estimated weight of 70 kg. Strong rigor mortis noted on jaws and extremities. Moderate blanchable lividity is seen on the back of the thorax. The body is cold to touch and has been refrigerated.

HEAD AND NECK

The head is slightly overextended and tilted to the left. It is of normal contour with abundant brown straight scalp hair, 1 cm maximum length. There is incipient frontal

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418

U-133

89-045

RE: KARL HINZE LAGRAN

PAGE 5 OF 6

baldness. The ears and nose show no gross abnormalities. The nostrils are clean. The eyes are open, showing clear conjunctivae, brownish irises and 0.4 cm pupils. The mouth is closed, showing complete frontal dentition in good hygienic condition. The beard and mustache have been recently shaved. The neck shows no abnormalities on external examination.

TRUNK

The thorax is symmetrical with a moderate amount of hair on the chest and with unremarkable nipples. A segment of semicircular skin brownish mark 10-cm in length is seen at the intermamillary line. The abdomen is symmetrical, tense, and shows no gross abnormalities. The external genitalia, anus and back of the thorax show no gross abnormalities.

EXTREMITIES

Upper and lower limbs are symmetrical. The hand nails show rounded, short nails, which are clean. The lower limbs show no pathology.

TATTOOS, SCARS AND MARKS

The letters K and L 1-cm each in size are seen tattooed at the base of the left thumb and index finger. No scars or marks are seen elsewhere.

INTERNAL EXAMINATION

The thoracic and abdominal cavities are opened through a standard Y-shape incision. The chest and abdominal walls show no pathology. The pericardial sac is intact and contains a normal amount of yellowish-pink fluid. The heart weighs 320 g. External and internal surfaces are unremarkable. The valves are flexible and of average circumference. The coronary arteries show minimal degree of atherosclerosis. No evidence for calcific degeneration seen.

The pleural cavities are free of adhesions or fluid. The lungs weigh 700 and 600 g, the right and left, respectively. The external surfaces are purplish-tan, smooth and wet. On sectioning, there is a moderate amount of foamy fluid easily obtainable after gentle compression of the parenchyma. A scant amount of pinkish-foamy debris is seen within the distal bronchial system and in the lumen of the trachea.

The thyroid is of normal size, shape and consistency.

The esophagus is of normal length and caliber. The stomach contains a scanty amount of liquid reddish-brown debris. There is diffuse moderate congestion of the gastric

BR
419
O-134

99-045

RE: KARL HINZE LAGRAN

PAGE 6 OF 6

mucosa. The small and large intestines show no gross pathology and the fecal contents are of average consistency and color.

The liver weighs approximately 1500 g. External and cut surfaces show no abnormalities. The gallbladder is intact and contains a normal amount of bile. The pancreas and adrenal glands show no gross pathology. The spleen weighs 250 g and is slightly increased in consistency. The cut surface is unremarkable.

The kidneys are in normal location. Each one weighs 120 g. The capsules stripped off with ease. The cortical surfaces are pinkish-tan and smooth. The ureters are of average length and caliber. The urinary bladder contains approximately 80 mL of yellowish clear urine.

HISTOLOGICAL EXAMINATION

Multiple representative tissues are preserved for future reference.

TOXICOLOGY EXAMINATION

Urine sample is obtained in blue top tube. Blood samples are obtained in gray, red and lavender top tubes. See attached laboratory report.

ER
420

U-135

MAR-07-2004 13:44

CAPITAL HABEAS
UNIVERSITY MEDICAL CENTER
1501 North Campbell Avenue, Tucson, AZ 85724
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

602 382 2801 F.120.102

NAME: LAGRAN, KARL
PT#: PCME-99045
ACCT: 9981192

LOC: PCME ROOM:
DR: RENDON, HUMBERTO (PCME)

AGE: 38Y

SEX: M
CODE: 02871

----- Special Chemistry Test Referral -----

02/25/99

* 0001 MISCELLANEOUS TESTING

TEST NAME
REFERENCE LAB

RESULT

THIOPENTAL

Test performed by Medtox Laboratories, Inc; St. Paul, MN; Director:
Kingsley R. Labrosse
See consultation report

ER
421

U-136

MAR-07-2004 13:44

CAPITAL HABEAS

602 382 2801 P.126/191

UNIVERSITY MEDICAL CENTER
1501 North Campbell Avenue, Tucson, Arizona
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

1724.

NAME: LAGRAN, KARL
PT#: PCME-99045
ACCT: 9981192

LOC: PCME ROOM:
DR: RENDON, HUMBERTO (PCME)

AGE: 36Y

SEX: M.
CODE: 02871

T:
TS:
HI:

25/98
0001
0001

ST:

ITS:

25/98
0001

VOLATILE SUBSTANCES

SPECIMEN	ETHANOL mg/dL UNDE	ETHANOL mg/dL UNDE	METHANOL mg/dL UNDE	ACETONE mg/dL 0-20	ISOPROPANOL mg/dL UNDE
AUTOPSY BLOOD		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED
AUTOPSY URINE		UNDETECTED	UNDETECTED	37*	UNDETECTED

SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)

SPECIMEN SOURCE	COCAINE METABOLITE(S) ng/mL	OPiate METABOLITE(S) ng/mL	CANNABINOID METABOLITE(S) ng/mL	BENZODIAZEPINE METABOLITE(S) ng/mL	AMPHETAMINE & RELATED COMPOUNDS ng/mL	BARBITURATE SCREEN ng/mL
AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		Positive
AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	Positive

ER

422

D

0-137

PINAL COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF
BEHAVIORAL HEALTH • MEDICAL EXAMINER • PUBLIC FIDUCIARY
POST OFFICE BOX 808 • FLORENCE, ARIZONA 85232

Marv B. Espinoza, M.S., M.C.
Director



Telephone (520) 868-6777
Fax (520) 868-6724
TDD (520) 868-6379

ROBERT WAYNE VICKERS
PINAL COUNTY MEDICAL EXAMINER'S #99-087
PINAL COUNTY, ARIZONA
AUTOPSY REPORT
ARIZONA DEPARTMENT OF CORRECTIONS 9905-2230
MAY 6, 1999

ER 423

U-138

99-097

RE: ROBERT WAYNE VICKERS

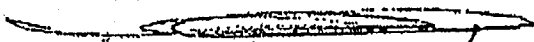
PAGE 2 OF 6

PATHOLOGICAL DIAGNOSES

1. Acute combined drug intoxication by lethal injection after judicial order.
2. Acute bilateral moderate pulmonary congestion.

OPINION:

This 41-year-old man had died as a result of acute combined drug intoxication after lethal injection. No morphological abnormalities are noted.



Humberto M. Rendon, MD
Pinal County Medical Examiner

hmr/scb

ER
424

U-139

99-097

RE: ROBERT WAYNE VICKERS

PAGE 3 OF 6

MEDICOLEGAL INVESTIGATION**CIRCUMSTANCES OF THE DEATH**

The deceased is a 41-year-old man (DOB: April 29, 1958) who was an inmate (37250) at the Arizona Department of Corrections in Florence, Arizona. On May 5, 1999, he was given a lethal injection by judicial order. He was pronounced dead at 1506 hours by Warden Thomas of the Arizona Department of Corrections.

IDENTIFICATION

The body identified as that of Robert Wayne Vickers is received in a sealed body bag with Arizona Department of Corrections ID 9905-2230. Subsequently, PCME 99-097 is assigned. Photographs, full set of fingerprints, hair samples from right temporal area, as well as urine and blood samples are obtained during the autopsy.

ER
425

V-140

99-097

RE: ROBERT WAYNE VICKERS

PAGE 4 OF 6

POSTMORTEM EXAMINATION**CIRCUMSTANCES OF THE EXAMINATION**

The postmortem examination of Robert Wayne Vickers is performed at the morgue of Central Arizona Medical Center in Florence, Arizona, commencing at 10:35 a.m. on May 6, 1999. Debbie Mobley assisted with the procedure.

GENERAL INSPECTION

The clad, unembalmed body is seen in supine position within a sealed blue body bag with metal clip, 0313.

CLOTHING AND PERSONAL EFFECTS

1. Light blue prison uniform short sleeve shirt with multiple spots of wetness. The shirt is properly positioned and is clean.
2. New prison blue jeans, clean and properly positioned.
3. White protective diapers, clean and properly positioned.
4. White socks, clean and properly positioned.

EXTERNAL EVIDENCE OF RECENT MEDICAL TREATMENT

Three cardiac monitoring patches are noted on the chest and left flank.

EXTERNAL EVIDENCE OF RECENT INJURY

IV puncture sites, which are nonbleeding, are noted on the right and left antecubital fossae. The areas are covered by multilayer white bandages, about 15 cm in width, on both elbows. The bandages are clean.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished man of Caucasian race that represents the stated age of 41 years. The body measures 180 cm in length and has an estimated weight of 67 kg. Strong rigor mortis noted on jaws and extremities. Blanchable lividity is seen on the back of the trunk. The body is cold to touch and has been refrigerated.

HEAD AND NECK

The head is tilted to the right and is of normal contour with black scalp hair, 10 cm average length. There is early baldness on the occipital area. The ears are unremarkable. The nose shows no gross abnormalities and the nostrils are clean. The eyes are closed, show clear conjunctivae with no petechiae. The irises are brown and the pupils are 0.5 cm each. The mouth is closed, shows ill-alignment of dental pieces

FR 426

0-141

99-097

RE: ROBERT WAYNE VICKERS

PAGE 5 OF 6

on the lower arcade. Dental pieces 6, 7, 8, and 9 are missing. The beard and mustache are shaved to an average height of 2 cm. The neck is unremarkable on external examination.

TRUNK

The thorax is symmetrical with no hair on the chest and with unremarkable nipples. The abdomen is slightly excavated, symmetrical and with unremarkable umbilical mark. The external genitalia, the anus and back of the thorax show no gross abnormalities.

EXTREMITIES

Upper and lower extremities are symmetrical. Hand nails are 0.2 cm average length, rounded and well-trimmed. The lower limbs show no pathology.

TATTOOS, SCARS AND MARKS

The following tattoos are identified:

1. A girl's head with the justice scale measuring 12 x 35 cm is noted on the right upper and lower arm.
2. A compound figure, to include three crosses and a medusa like figure over the mid chest and most upper abdominal wall. The tattoo measures all together 30 x 35 cm.
3. A skull figure 7 x 5 cm is seen on the right upper thigh.
4. A snake figure 1 x 22 cm in length is seen also on the right upper thigh.
5. A face with a protruding large tongue, measuring all together 3 x 7 cm is seen on the right lower leg.
6. An illegible word upside-down 1.3 x 5 cm is also seen on the right lower leg.
7. Sister Renda with a flower measuring 5 x 10 cm is seen on the left lower leg.
8. A spider figure 4 x 2.5 cm noted on left distal thigh.
9. Jail sign with his ID number 37250 is seen on the left lower thigh.
10. A Swastika figure 10 cm in diameter is seen on the left anterior mid third of the thigh.
11. The letters LUCK each measuring 1 x 1.5 cm are seen on the proximal phalanxes of the left fingers.
12. Several figures, all together 6 x 6 cm are noted on the dorsum of the left hand.
13. The letters AJB and other figures measuring all together 6 x 5 cm are seen on the left elbow.
14. A complex figure 8 x 15 cm is seen on the left lower arm.
15. A Swastika 7 cm in diameter is seen on the distal third of the left upper arm.
16. A facial figure 8 x 3 cm is also seen on the left upper arm.
17. A longitudinal 0.3 x 2 cm line is seen on the external angle of the right eye.
18. A skull figure 13 x 15 cm is seen underneath portion of the torsum.

BR
427

U-142

99-097

RE: ROBERT WAYNE VICKERS

PAGE 6 OF 6

INTERNAL EXAMINATION

The thoracic and abdominal cavities are opened through the standard Y-shape incision. The chest and abdominal walls show no gross abnormalities. The pericardial sac is intact and contains a normal amount of yellowish-pink fluid. The heart weighs 400 g. External surface is unremarkable. The endocardial surfaces are smooth and glistening, pinkish in color. The valves show average circumference and are flexible. The myocardium shows no pathology. There is a moderate degree of atherosclerotic changes in the coronary arteries; no evidence for occlusion is seen.

The pleural cavities are free of adhesions or fluid. The lungs weigh 900 and 700 g, the right and left, respectively. The external surfaces are purplish-red, smooth and wet. On sectioning, the pulmonary tissues show a moderate amount of foamy hemorrhagic fluid, easily obtainable after gentle compression of the tissues. The hilar lymph nodes are not hypertrophic. Distal branches of bronchial system as well as trachea are unremarkable.

The thyroid is of normal size, shape and consistency. Surrounding neck structures show no gross abnormalities.

The esophagus is of normal length and caliber. The stomach is three-quarters full with mixed food and a partially destroyed 1 cm in diameter white pill. The small and large intestines show no pathology, and the fecal contents are of average color and consistency.

The liver weighs 1500 g. External and cut surfaces show no pathology. The gallbladder is intact and contains a normal amount of bile fluid. The pancreas and adrenal glands are unremarkable. The spleen weighs 170 g and shows no pathological features.

The kidneys are in normal position. The capsules stripped off with ease. They weighed 170 and 150 g, the right and left, respectively. The cortical surfaces are smooth, reddish-tan. The ureters are of average length and caliber. The urinary bladder contains approximately 50 mL of pale yellowish clear urine.

HISTOLOGICAL EXAMINATION

Multiple representative tissues are preserved for future reference.

TOXICOLOGY EXAMINATION

Urine sample is obtained in blue top tube and blood samples are obtained in gray, red and lavender top tubes; see attached laboratory report.

ER
428

0-143

MAR-07-2004 13:46

PITAL HABEAS
UNIVERSITY MEDICAL CENTER
1501 North Campbell Avenue, Tucson, Arizona. 85724
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

602 382 2801 P.133/191

NAME: VICKERS, ROBERT WAYNE

PT# : PCME-99097

LOC: PCME

ROOM:

AGE: 41Y

SEX : M

ACCT: 9981192

DR : RENDON, HUMBERTO (PCME)

CODE: 02871

		VOLATILE SUBSTANCES				
TEST:	SPECIMEN	ETHANOL	ETHANOL	METHANOL	ACETONE	ISOPROPANOL
UNITS:		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
LO-HI:		UNDE	UNDE	UNDE	0-20	UNDE
05/06/89						
* 1114	AUTOPSY BLOOD		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED
* 1114	AUTOPSY URINE		UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

		SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)					
TEST:	SPECIMEN	COCAINE	OPIATE	CANNABINOID	BENZODIAZEPINE	AMPHETAMINE	BARBITURATE
UNITS:	SOURCE	METABOLITE(S)	METABOLITE(S)	METABOLITE(S)	METABOLITE(S)	& RELATED COMPOUNDS	SCREEN
		ng/mL	ng/mL	ng/mL	ng/mL	ng/mL	ng/mL
05/06/89							
* 1114	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		Positive
* 1114	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	Positive

ER
4292
U-144

PINAL COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF
BEHAVIORAL HEALTH • MEDICAL EXAMINER • PUBLIC FIDUCIARY
POST OFFICE BOX 808 • FLORENCE, ARIZONA 85232

Mary E. Espinoza, M.S., M.C.
Director



Telephone (520) 868-6777
Fax (520) 868-6724
TDD (520) 868-6379

MICHAEL KENT POLAND
PINAL COUNTY MEDICAL EXAMINER'S #99-124
PINAL COUNTY, ARIZONA
AUTOPSY REPORT
ARIZONA DEPARTMENT OF CORRECTIONS 9906-2336
JUNE 17, 1999

ER
430

U-145

99-124

RE: MICHAEL KENT POLAND

PAGE 2 OF 5

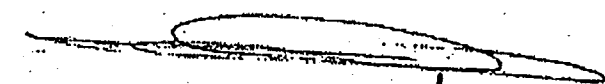
PATHOLOGICAL DIAGNOSIS

Acute combined drug intoxication by lethal injection.

OPINION

This 59-year-old man died as a result of acute combined drug intoxication after lethal injection by judicial order.

The postmortem examination was limited to external examination and collection of vitreous fluid for toxicology as per written request by next of kin.



Humberto M. Rendon, MD
Pinal County Medical Examiner

hmr/scb

ER
431

0-146

99-124

RE: MICHAEL KENT POLAND

PAGE 3 OF 5

MEDICOLEGAL INVESTIGATION**CIRCUMSTANCES OF THE DEATH**

The deceased is a 59-year-old man (DOB: June 11, 1940) who was an inmate at the Arizona Department of Corrections in Florence, Arizona (41125). He received a lethal injection after court order in the afternoon of June 16, 1999. He was pronounced dead at the scene by Warden Thomas at 1514 hours on June 16, 1999.

IDENTIFICATION

The body identified as that of Michael Kent Poland is received in a sealed body bag with Arizona Department of Corrections 9906-2336. Subsequently, PCME 99-124 is assigned. Photographs, hair samples from right temporal area, full set of fingerprints and vitreous fluid from right and left eyes are obtained during the postmortem examination.

ER
432

U-147

99-124

RE: MICHAEL KENT POLAND

PAGE 4 OF 5

POSTMORTEM EXAMINATION**CIRCUMSTANCES OF THE EXAMINATION**

The postmortem examination of Michael Kent Poland is limited to external examination as per written request of next of kin. The examination is performed at the morgue of Central Arizona Medical Center in Florence, Arizona, commencing at 9:15 a.m. on June 17, 1999. Debbie Mobley assisted with the procedure.

GENERAL INSPECTION

The partially clad, unembalmed body is seen in supine position within a sealed blue body bag with clip, 0316.

CLOTHING AND PERSONAL EFFECTS

1. Short-sleeve blue shirt, properly positioned with multiple spots of wetness.
2. Prison type new blue jeans, clean and properly positioned.
3. White socks, clean and properly positioned.
4. White protective diapers, clean and properly positioned.
5. Plastic frame eyeglasses over his face.

EXTERNAL EVIDENCE OF RECENT MEDICAL TREATMENT

Three cardiac monitoring patches are noted on the chest and left flank.

EXTERNAL EVIDENCE OF RECENT INJURY

IV puncture sites which are nonbleeding, covered with multiple layers of clean white gauze, seen on proximal right and left lower arms. The bandage on the right covers and area 25 cm long and the left is 18 cm.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished man of apparent Caucasian race that represents the stated age of 59 years. The body measures 185 cm in length and has an estimated weight of 85 kg. Strong rigor mortis noted on jaws and extremities. Moderate blanchable lividity is seen on the back of the thorax. The body is cold to touch and has been refrigerated.

HEAD AND NECK

The head is of normal contour with grayish-brown scalp hair, 7 cm average length. Mild cyanosis of earlobes is noted. The eyes are open and show clear conjunctivae, bluish irises and 0.4 cm pupils. The nose shows no gross abnormalities. The mouth is closed, shows complete frontal dentition in apparent good hygienic condition. Beard and

ER
433

V-148

99-124

RE: MICHAEL KENT POLAND

PAGE 5 OF 5

mustache have been recently shaved. The neck shows no gross abnormalities on external examination.

TRUNK

The thorax is symmetrical with unremarkable nipples. The abdomen is also symmetrical, tense, and moderately distended. The external genitalia, the anus and back of the thorax show no gross abnormalities.

EXTREMITIES

Upper and lower limbs are symmetrical. Hand nails are short, squarish, well-trimmed. The lower limbs show no gross pathology.

INTERNAL EXAMINATION

Not done.

HISTOLOGICAL EXAMINATION

Not done

TOXICOLOGY EXAMINATION

Vitreous fluid from right and left eyes is obtained in gray top tubes.

2

ER
434

U-149

Office of the
FEDERAL PUBLIC DEFENDER
for the District of Arizona
Capital Habeas Division
222 North Central Avenue, Suite 810
Phoenix, Arizona 85004

FREDRIC F. KAY
Federal Public Defender

direct 602.379.3670
800.758.7053
facsimile 602.379.3681
e-mail dalebaich@aol.com

via facsimile 520.868.6724, original by mail

June 15, 1999

Humberto Rendon, M.D.
Pinal County Medical Examiner
P.O. Box 808
Florence, Arizona 85232

Re: Michael Kent Poland

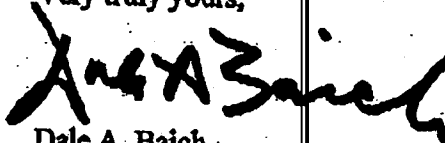
Dear Dr. Rendon:

I am writing on behalf of Kent Poland. Mr. Poland is the son of Michael Kent Poland, who is scheduled to be executed by the state of Arizona on June 16, 1999. Kent Poland has been designated as the person who will accept Mr. Poland's remains in the event the execution goes forward. [See enclosed Disposition of Remains form.] The Cole & Maud Mortuary in Casa Grande will handle the arrangements for the family. Cole & Maud will be in contact with you.

On behalf of the family, I am requesting that no autopsy be performed. Mrs. Poland, Michael's 85 year old mother, has made this request to me. Out of respect for the family, I call upon you to honor their wishes.

Please feel free to contact me if you have any questions or concerns regarding this matter.

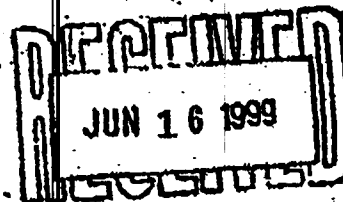
Very truly yours,



Dale A. Baich
Assistant Federal Public Defender

DAB/me
encl.

cc: M. Kent Poland
c:\data\poland\p-corres\061599.mc



ARIZONA DEPARTMENT OF CORRECTIONS

DISPOSITION OF REMAINS

(ARS § 36-381)

I, MICHAEL KENT POLAND, have a scheduled execution date of
(Name)
JUNE 16 1999
(Date)

I understand that, upon completion of my execution, my body will be released to my surviving spouse, who will be responsible for my funeral and burial arrangements. If I have no surviving spouse or if my surviving spouse is not willing or financially able to provide for my burial and funeral arrangements, my body will be released to my adult children who will be responsible for my funeral and burial arrangements. If I have no surviving spouse and no surviving adult children, or if my surviving spouse or my surviving adult children are not willing or financially capable of providing for my burial and funeral arrangements, or if my surviving spouse or my surviving adult children cannot be located on reasonable inquiry, my body will be released to any person or fraternal charitable or religious organization willing to assume responsibility for my funeral and burial arrangements. If none of the above persons is willing or financially capable of providing for my funeral and burial arrangements, I understand that my body will be released to the Arizona Department of Corrections for burial in either a County indigent cemetery or at the ASPC-Florence/Eyman cemetery located in Florence, Arizona.

In order to facilitate the disposition of my remains, I provide the following information (please check those items that are applicable to you and provide any required information):

☒ I do not have a surviving spouse.

☐ The name of my surviving spouse is _____ who may be reached at the following location or in the following manner: _____

☐ I do not have any surviving adult children.

☒ The names of my surviving adult child(ren) is/are: Kent Poland

They may be reached at the following location or in the following manner:

203 East Orange Drive

Casa Grande, Arizona 85222

(520) 426-3665

ER 436

U-151

In the event I have no surviving spouse and no surviving adult children, or if my surviving spouse or my surviving adult children are not willing or financially capable of providing for my burial and funeral arrangements, or if my surviving spouse or my surviving adult children cannot be located on reasonable inquiry, I request that my body be released to

_____ who is willing to assume responsibility for my burial and funeral arrangements and who can be reached at the following location or in the following manner: _____

I understand that, if the person designated above is unwilling to assume responsibility for my burial and funeral arrangements, my body will then be released to any person or fraternal charitable or religious organization willing to assume responsibility for my burial and funeral arrangements. In the event that no such person or organization comes forward, my body will be released to and disposed of by officials of the Arizona Department of Corrections.

Michael J. Faler
Inmate's Signature

May 25, 1999
Date

Brian Shearn
Staff Witness Signature

May 27, 99
Date

M. Badgett ADW
Staff Witness Signature

05-27-99
Date

Form 4000112
Rev. 11/24/92

ER
437

Page 2 of 2

99
V-152

UNIVERSITY MEDICAL CENTER
North Campbell Avenue, Tucson,
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

Arizona 85724

Director

NAME: POLLAND, MICHAEL K

PT#: PCME-99124

LOC: PCME

ROOM:

AGE: 59Y

SEX: M

ACCT: 9981192

DR: RENDON, HUMBERTO. (PCME)

CODE: 02871

TEST:	SPECIMEN	ETHANOL	ETHANOL	METHANOL	ACETONE	ISOPROPANOL
UNITS:		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
LO-HI:		UNDE	UNDE	UNDE	0-20	UNDE
08/17/89						
* 0841	VITREOUS	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

TEST:	SPECIMEN	SODIUM	POTASSIUM	CHLORIDE	CARBON DIOXIDE	GLUCOSE	UREA NITROGEN	CREATININE
UNITS:		mmol/L	mmol/L	mmol/L	mmol/L	mg/dL	mg/dL	mg/dL
08/17/89								
* 0841	VITREOUS	Not Done (a)	Not Done (a)	126~ VBRA	12~ VBRA	<10~ VBRA	9 VBRA	0.5 VBRA

---FOOTNOTES---

VBRA VERIFIED BY REPEAT ANALYSIS
(a) GRAY TOP HAS NA & K ADDITIVES

ER
438

0-153

99-209

IGNACIO ALBERTO ORTIZ

ML #99-1551

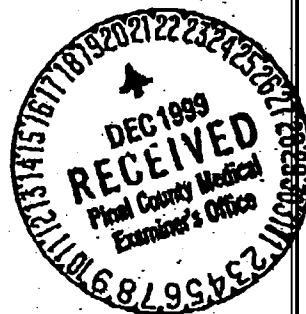
AUTOPSY REPORT

PINAL COUNTY, ARIZONA

ARIZONA DEPARTMENT OF CORRECTIONS

CASE #9910-02621

OCTOBER 28, 1999



ER
439

U-154

ML 99-1551

Re: Ignacio A. Ortiz

Page 2

PATHOLOGIC DIAGNOSES:

1. Judicial execution by lethal injection
 - A. Intravenous administration of potassium chloride
2. Arteriosclerotic heart disease, with:
 - A. Trivessel atheroma, coronary artery disease
 - B. Hypertrophy of heart (410 gm)

OPINION:

Death of this man is due to arrhythmia due to intravenous injection of potassium chloride (judicial execution-lethal injection).

EDP 12/7/99
Eric D. Peters, M.D.
Forensic Pathologist

EDP/af

ER
440

U-155

ML 99-1551

Re: Ignacio A. Ortiz

Page 3

MEDICOLEGAL INVESTIGATION

AUTHORIZATION:

The postmortem examination is performed under the authorization of the Pinal County Medical Examiner's Office.

IDENTIFICATION:

The body is identified by Department of Corrections' staff. 35 mm photographs and fingerprints of the deceased are taken.

ER
441

0-156

ML 99-1551

Re: Ignacio A. Ortiz

Page 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of Ignacio Ortiz is performed at the Forensic Science Center, 2825 E. District Street, Tucson, Arizona on October 28, 1999 commencing at 1015 hours. Assisting in the examination are Mr. Charles Nagore and Mr. Bill Ferguson.

GENERAL DESCRIPTION:

The body is received fully clad in a blue plastic body bag with an OME band at the right ankle.

EXTERNAL EXAMINATION:

The body is of a light-brown-skinned, well-developed, well-nourished, 5' 9", 188 pound man whose appearance is consistent with the given age of 57 years (DOB: December 21, 1941). The hair is gray, thin, 1-3 inches, and has high frontal balding. There is no mustache or beard. The nose and ears are unremarkable. The irides are brown and the conjunctivae are anicteric without petechiae or hemorrhage. The oral cavity is atraumatic, and the teeth are natural in good repair. The torso and extremities are well developed and unremarkable. The genitalia are of an uncircumcised adult with descended testes. There is a 7 inch hyperpigmented well-healed scar at the upper right arm. There are no other significant scars or needle or track marks.

POSTMORTEM CHANGES:

Rigor mortis is strong throughout. Livor mortis is non-fixed and posterior. The body is cool.

CLOTHING:

On or accompanying the body are:

- 1) One blue collared short sleeved shirt.
- 2) One pair of blue jeans.
- 3) One pair of white socks.
- 4) One pair of plastic boxer shorts.

THERAPEUTIC PROCEDURES:

EKG leads are at the anterior torso. Rolled gauze surrounds each antecubital fossa. At each antecubital fossa there are two therapeutic punctures, of which one contains an intravenous catheter.

BR
442

U-157

ML 99-1551

Re: Ignacio A. Ortiz

Page 5

INTERNAL EXAMINATION:**Head:**

The scalp has no contusion. The skull has no fracture. The leptomeninges are clear, thin, and delicate. There is no epidural, subdural or subarachnoid hemorrhage. The gray and white matter, deep nuclei, and ventricles are unremarkable. There is an unremarkable distribution of cerebral vessels and cranial nerves. The brain weighs 1560 gm.

Neck Organs:

The cervical vertebrae, hyoid bone, and tracheal and laryngeal cartilages are unremarkable. The base of the tongue and paratracheal soft tissues are unremarkable.

Body Cavities:

The organs are in their normal situs. There are no abnormal fluid accumulations or fibrous adhesions in any of the body cavities.

Cardiovascular System:

The aorta is without atherosclerosis. The venae cavae and pulmonary arteries are without thrombus or embolus. The heart weighs 410 gm and has an unremarkable distribution of right dominant coronary vessels. There is slight, (less than 25%) trivessel, diffuse coronary atherosclerosis without thrombus. The myocardium is uniformly red-brown without hemorrhage, softening, fibrosis or pallor. The left ventricle is 1.4 cm thick. The endocardial surfaces and four cardiac valves are unremarkable.

Respiratory System:

The right lung weighs 780 gm; the left lung weighs 700 gm. Both lungs are dark red without hemorrhage, consolidation or obstruction. There is moderate pulmonary edema. There is a moderate amount of pink frothy fluid emanating from their cut surfaces. There are no mass lesions. The bronchial vasculature and architecture are unremarkable.

Liver, Gallbladder and Pancreas:

The liver weighs 1990 gm, has an intact, smooth capsule, and a medium brown parenchyma with slippery or fibrous texture. The gallbladder is unremarkable and contains approximately 10 ml of green bile without calculi. The pancreas is of normal lobulation, color, and texture.

Hemic and Lymphatic Systems:

The spleen weighs 200 gm, has an intact, smooth capsule, and a dark red parenchyma without prominent white pulp. There are two small accessory spleens adjacent to the larger organ. There are no lymph node enlargements.

ER
443

U-198

ML 99-1551

Re: Ignacio A. Ortiz

Page 6

Genitourinary System:

The right kidney weighs 240 gm; the left kidney weighs 240 gm. Both kidneys have smooth subcapsular surfaces with an unremarkable underlying architecture and vasculature. Both ureters are normal caliber and drain into an unremarkable bladder containing approximately 200 ml of clear, colorless urine. The testes are unremarkable.

Endocrine System:

The pituitary, thyroid, and adrenal glands are of normal size, color and consistency.

Digestive System:

The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 500 cc of semi solid contents including unidentifiable food. There are no pill or tablet fragments. The gastric mucosa, duodenum, remainder of small intestines, appendix, and large intestines are unremarkable.

Musculoskeletal System:

The clavicles, sternum, vertebrae, ribs, and pelvis are without fracture. The musculature is normally distributed and unremarkable.

TOXICOLOGY (SEE ATTACHED REPORT)

BR
444

U-159

MAR-07-2004 13:49

CAPITAL HABEAS

602 382 2801 P.149/191

UNIVERSITY MEDICAL CENTER
150. 3rd Campbell Avenue, Tucson, A on 85724
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

NAME: ORTIZ, IGNACIO
PT#: ML-991551
ACCT: 9987645

LOC: ML ROOM:
DR: PETERS, ERIC (OME)

AGE: 57Y

SEX: M
CODE: 02937

----- Special Chemistry Test Referral -----

10/28/88

0001 MISCELLANEOUS TESTING

TEST NAME

REFERENCE LAB

RESULT

BARBITURATES ID/QNT

Testing performed by Medtox Laboratories, Inc., 402 W. County Road,
DN, St. Paul, MN 55112-352202. Director: D. Gary Murphy, PhD.
Phone: 800/632-3244.

See consultation report

BR
449

U-160

ANTHONY L. CHANEY

ML 00-0321

AUTOPSY REPORT

PINAL COUNTY, ARIZONA

DEPARTMENT OF CORRECTIONS

CASE #200002116

FEBRUARY 20, 2000



BR
446

U-161

ML 00-0321

Re: Anthony L. Chaney

Page 2

PATHOLOGIC DIAGNOSES:

- 1) Lethal arrhythmia due to intravenous administration of potassium, with:
 - A) Needle puncture marks at both arms and right foot
 - B) Slight red-brown discoloration of subcutaneous vasculature of upper portions of upper extremities and upper anterior torso
 - C) Red discoloration of right atrial myocardium
 - D) Pulmonary edema, slight
- 2) Hypertrophy of heart (450 gm)
- 3) Chronic hepatitis
- 4) Left pelvic kidney with bifid ureter

OPINION:

Death of this man is due to lethal arrhythmia due to intravenous administration of potassium.

Edno 3/28/07
Eric D. Peters, M.D.
Forensic Pathologist

EDP/jd

ER
447

U-162

ML 00-0321

Re: Anthony L. Chaney

Page 3

MEDICOLEGAL INVESTIGATION

AUTHORIZATION:

The postmortem examination is performed under the authorization of the Pinal County Medical Examiner's Office.

IDENTIFICATION:

The body is identified by Mel Thomas, warden Department of Corrections. Several 35 mm photographs and fingerprints of the deceased are taken.

BR
448
0-163

ML 00-0321

Re: Anthony L. Chaney

Page 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of Anthony Chaney is performed at the Forensic Science Center, 2825 E. District Street, Tucson, Arizona on February 20, 2000 commencing at 1310 hours. Assisting in the examination are Mr. Abel Valentino and Mr. Charles Nagore. Dr. Brian Blackbourne, Chief Medical Examiner, San Diego County, California is present observing the autopsy on behalf of the Federal Public Defender's Office.

GENERAL DESCRIPTION:

The decedent is received fully clad in a white plastic body bag. An OME band is placed around his left ankle.

EXTERNAL EXAMINATION:

The body is of a light-skinned, well-developed, well-nourished, 5' 8", 237 lb man whose appearance is consistent with the given age of 45 years (DOB: April 4, 1954). The hair is thick, brown with focal gray, and 1/4-1/2 inch with frontal balding. There is stubble at the mustache and beard. The nose and ears are well developed and unremarkable. The irides are green, and the conjunctivae are anicteric and injected bilaterally (left greater than right). The oral cavity is atraumatic, and the teeth are natural and in good repair. The torso and extremities are well developed and have no significant scars or track marks. The genitalia are of an uncircumcised adult with descended testes.

POSTMORTEM CHANGES:

Rigor mortis is strong throughout; livor mortis is non-fixed, red, and posterior. The body is cool. There is prominence of the subcutaneous vasculature of the upper anterior torso in the upper arms.

CLOTHING AND BELONGINGS:

On or accompanying the body are:

- 1) One pair of blue jeans
- 2) One blue short-sleeved collared button-down shirt
- 3) One pair of plastic briefs
- 4) One white athletic sock at left foot

BR
44a
U-164

ML 00-0321

Re: Anthony L. Chaney

Page 5

THERAPEUTIC PROCEDURES:

EKG leads are at the anterior torso.

MEDICAL PROCEDURES FOR JUDICIAL EXECUTION (LETHAL INJECTION):

There are three puncture marks at the flexor right arm. The first is at the antecubital fossa, the second at the upper forearm, and the third at the mid lower forearm. Rolled gauze and tape overlay an intravenous catheter that enters the left antecubital fossa. An additional puncture mark is just above and to the left of this site. Rolled gauze and tape surround the right ankle region. Beneath these dressings is a 1/2 inch cut-down procedure through which an intravenous catheter enters. The dorsal aspect of the left foot has a 2 x 1 inch area of dark green subcutaneous discoloration without overlying puncture mark.

INTERNAL EXAMINATION:**Head:**

The scalp has no contusion. The skull has no fracture. The leptomeninges are clear, thin, and delicate. There is no epidural, subdural or subarachnoid hemorrhage. The gray and white matter, deep nuclei, and ventricles are unremarkable. There is an unremarkable distribution of cerebral vessels and cranial nerves. The brain weighs 1630 gm.

Neck Organs:

The cervical vertebrae, hyoid bone, and tracheal and laryngeal cartilages are unremarkable. The base of the tongue and paratracheal soft tissues are unremarkable.

Body Cavities:

The organs are in their normal situs. There are no abnormal fluid accumulations or fibrous adhesions in any of the body cavities.

Cardiovascular System:

The aorta is without atherosclerosis. Its intima is red tinged. The venae cavae and pulmonary arteries are without thrombus or embolus. The heart weighs 450 gm and has an unremarkable distribution of right dominant coronary vessels without atherosclerotic stenoses. The external aspect of the right atrium is dark red. The remaining myocardium is uniformly red-brown without softening, pallor, hemorrhage or fibrosis. The left ventricle is 1.4 cm thick. The endocardial surfaces and four cardiac valves are unremarkable.

ER
450

0-165

ML 00-0321

Re: Anthony L. Chaney

Page 6

Respiratory System:

The right lung weighs 730 gm; the left lung weighs 710 gm. There is a slight amount of pink frothy fluid emanating from the cut surfaces of the bronchi. There is no consolidation, cavitation or hemorrhage. There is focal congestion throughout. The bronchial vasculature and architecture are unremarkable.

Liver, Gallbladder and Pancreas:

The liver weighs 2270 gm, has an intact, smooth capsule, and a slightly firm medium-to-dark brown cut surface without slippery texture. The gallbladder is unremarkable and contains approximately 10 ml of dark green bile without calculi. The pancreas is of normal lobulation, color, and texture.

Hemic and Lymphatic Systems:

The spleen weighs 330 gm, has an intact, smooth capsule, and a dark red parenchyma without prominent white pulp. There are slightly enlarged lymph nodes around both perinephric regions and para-aortic regions at the iliacs.

Genitourinary System:

The right kidney weighs 200 gm; the left kidney weighs 100 gm. The left kidney is at the left side of the pelvis and contains a bifid ureter which extends to the bladder. Both kidney's subcapsular surfaces are smooth and their underlying architecture and vasculature are unremarkable. The ureters are normal caliber and drain into an unremarkable bladder containing approximately 20 ml of amber-colored urine. The prostate gland is not enlarged. The testes have unremarkable brown parenchyma and are slightly small.

Endocrine System:

The pituitary, thyroid, and adrenal glands are unremarkable (Comment: the left adrenal gland remains in the subdiaphragmatic position).

Digestive System:

The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 25 ml of brown nondescript fluid with a small piece of green vegetable matter. The gastric mucosa, duodenum, remainder of small intestines, appendix, and large intestines are unremarkable.

Musculoskeletal System:

The clavicles, sternum, vertebrae, ribs, and pelvis are without fracture. The musculature is normally distributed and unremarkable.

BR
451
U-166

ML 00-0321

Re: Anthony L. Chaney

Page 7

MICROSCOPIC EXAMINATION

Brain (random section):
No significant pathologic change.

Heart:
Atrium, ventricle, coronary artery, and valve. Slight interstitial fibrosis of atrial muscle and ventricle. No other significant pathologic changes.

Lung:
Scattered foci of perivascular and interstitial chronic inflammation. There are rare free-floating alveolar septa. There is no polarizable foreign material seen.

Liver:
Slight fatty change. Scattered portal and periportal chronic inflammation with numerous lymphoid aggregate. Numerous lymphocytes encroach on the hepatic plate. Centrilobular congestion. Scattered slight bile stasis.

Kidney:
Slight cortical autolysis. No significant pathologic change.

TOXICOLOGY (SEE ATTACHED REPORT)

ER
452

U-167

MAR-07-2004 13:52

CAPITAL HABEAS

602 382 2801 P.159/191

UNIVERSITY MEDICAL CENTER

15 North Campbell Avenue, Tucson,

Kenneth J. Ryan, M.D., Medical Director

Department of Pathology

Arizona 85724

NAME: CHANEY, ANTHONY

PT# : MLOO-321

ACCT: 9987645

LOC: MLOO

ROOM:

AGE: 45Y

SEX : M

CODE: 02937

DR : PETERS, ERIC (OME)

----- Special Chemistry Test Referral -----

02/20/00

* 0001 MISCELLANEOUS TESTING

TEST NAME

REFERENCE LAB

RESULT

THIOPENTAL

Testing performed by Medtox Laboratories, Inc., 402 W. County Road,

DW, St. Paul, MN 55112-352202. Director: D. Gary Humphil, PhD.

Phone: 800/832-8244.

See consultation report

ER
453

0-168

00PME058

PATRICK GENE POLAND

ML 00-0499

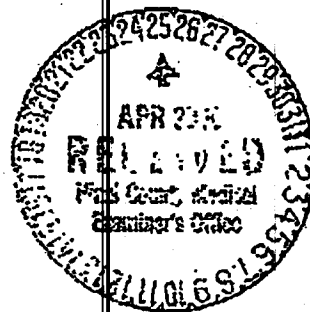
AUTOPSY REPORT

PINAL COUNTY, ARIZONA

ARIZONA DEPARTMENT OF CORRECTIONS

CASE #200002182

MARCH 16, 2000



BR
454

U-169

ML 00-0499

Re: Patrick G. Poland

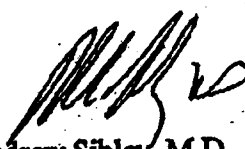
Page 2

PATHOLOGIC DIAGNOSIS:

1. Cardiac arrest due to lethal injection/judicial execution
2. Cardiomegaly (620 gm) with dilatation and hypertrophy
3. Pulmonary edema and congestion (2140 gm combined lung weight)

OPINION:

Death of this man was due to cardiac arrest following lethal injection/judicial execution.



Andrew Sibley, M.D.
Forensic Pathologist

AS/aef

ER
455
U-170

ML 00-0499

Re: Patrick G. Poland

Page 3

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF DEATH:

This 50-year-old man (DOB: March 8, 1950), a prisoner, was executed by lethal injection in Florence and pronounced dead on March 15, 2000 at 1507 hours.

AUTHORIZATION:

The postmortem examination is performed under the authorization of the Final County Medical Examiner's Office.

IDENTIFICATION:

The body is visually identified by Warden Thomas. 35 mm photographs, fingerprints, and palm prints of the deceased are taken.

ER
456

0-171

ML 00-0499

Re: Patrick G. Poland

Page 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of Patrick Poland is performed at the Forensic Science Center, 2825 E. District Street, Tucson, Arizona on March 16, 2000 commencing at 1130 hours. Assisting in the examination are Mr. Charles Nagore, Mr. Mike Wisniewski and Mr. Bill Ferguson.

GENERAL DESCRIPTION:

The clothed unembalmed body is received in a sealed blue body bag. The body is supine.

CLOTHING AND PERSONAL EFFECTS:

- 1) White socks are appropriately positioned.
- 2) Blue denim jeans are appropriately positioned.
- 3) A blue short sleeved shirt is appropriately positioned and buttoned.
- 4) White underwear is appropriately positioned.

EXTERNAL EVIDENCE OF MEDICAL THERAPY:

None.

EXTERNAL EXAMINATION:

The body is that of a normally developed white man appearing the recorded age measuring 190 cm (75 inches) and weighing 104.6 kg (230 pounds). Rigor mortis is well established in the jaw and extremities. Livor mortis is posterior, purple, and nonblanchable. It is also prominent in the face and in a collar-like distribution around the neck and upper chest. The body is cool and has been refrigerated.

Head:

The scalp is covered by brown and gray hair up to 6 cm. There is no recent cutaneous injury of the posterior scalp. The forehead is symmetrical without recent cutaneous injury. The eyebrows are brown. The eyes are normally positioned with clear corneas, green to hazel irides, round and equal pupils, and clear conjunctivae. There are no petechial hemorrhages. The nasal skeleton is midline and intact. The nares are patent. The lips are pink-purple and intact. The teeth are natural. There is no recent injury of the oral mucosa. The lower face is clean shaven without evidence of injury. The ears are normally positioned without recent cutaneous injury.

ER
457

U-172

ML 00-0499

Re: Patrick G. Poland

Page 5

Neck:

The neck is symmetrical with the trachea midline. There is no cutaneous injury.

Trunk:

The chest and abdomen are symmetrically formed without evidence of recent cutaneous injury. EKG conduction pads are over the left and right upper anterior chest and left lateral lower chest. The abdomen is slightly protuberant and soft.

External Genitalia:

The external genitalia are those of a normally developed male. The pubic hair is brown. Both testes are in the scrotum. There is no evidence of injury.

Lower Extremities:

The lower extremities are symmetrical without palpable fractures. The toenails are short and evenly trimmed. There is no peripheral pitting edema. There is no recent cutaneous injury.

Upper Extremities:

The upper extremities are symmetrical without palpable fractures. Encircling both antecubital fossae is white gauze secured with white tape. A single needle puncture site with adjacent cutaneous indentation of a catheter is in the right antecubital fossa. No catheter is in place. Within the left antecubital fossa is a single vascular catheter. The fingernails are short and fairly evenly trimmed with tan-purple nail beds. There are no needle tracks in the antecubital fossae or elsewhere.

Back:

The back and buttocks are symmetrically formed without recent cutaneous injury. The anus shows normal anatomic features without evidence of injury.

INTERNAL EXAMINATION:**INTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:**

None.

SYSTEMS REVIEW:**Body Cavities:**

The subcutaneous midline abdominal fat measures 4 cm. The organs of the thorax and abdomen have normal anatomic relations. There are no fluid accumulations in the pleural, pericardial, or peritoneal spaces.

BR
L58

U-173

ML 00-0499

Re: Patrick G. Poland

Page 6

Cardiovascular System:

The 620 gm heart is intact and normally formed. It has a globular configuration. The pericardium and epicardium are smooth and glistening. The endocardium is smooth without thrombi. There is biventricular chamber dilatation. The left ventricular wall is up to 1.7 cm in thickness. The right ventricular wall is up to 0.6 cm in thickness. The myocardium is firm and brown throughout without infarcts. The valves and great vessels are normally formed and positioned. The coronary arteries have a normal anatomic distribution and are widely patent. There are no acute thrombi. The aorta has mild atherosclerosis without ulceration or thrombi.

Respiratory System:

The tracheobronchial tree contains tan frothy fluid. The left lung weighs 920 gm, and the right 1220 gm. The pleura is intact. The lungs are normally formed with dark purple parenchyma. No tumor, granulomas, inflammation, or other discrete lesions are identifiable. There is diffuse congestion. Fluid exudes from incised portions of both lungs. The pulmonary vasculature is widely patent. Hilar lymph nodes are unremarkable. The diaphragm is intact.

Liver:

The 2330 gm liver is normally formed with a smooth intact capsule. The parenchyma is firm and brown. No focal lesions are present. The gallbladder is normal containing green viscous bile without calculi.

Hematopoietic System:

The 340 gm spleen is normally formed with a smooth intact capsule. The parenchyma is red-purple without specific or focal lesions. The thymus is involuted. Systemic lymph nodes and bone marrow where visualized are unremarkable.

Pancreas:

The pancreas is tan and lobulated without discrete lesions.

Gastrointestinal Tract:

The esophagus is without erosions or tumor. The stomach contains 30 cc's of brown mucoid material without particulate matter. The stomach lining is intact and continues into a normal appearing small bowel and colon. The appendix is present.

Genitourinary Tract:

The left kidney weighs 230 gm, and the right 240 gm. The cortical surfaces are smooth and glistening. The parenchyma is brown without tumor, infarcts, or cysts. The corticomedullary junction is well delineated. The collecting system is without tumor or obstruction. The bladder contains 50 cc's of amber urine. The bladder wall and mucosa are unremarkable. The testes are unremarkable. The prostate and seminal vesicles are symmetrical and normal in size and appearance.

BR
459

U-174

ML 00-0499

Re: Patrick G. Poland

Page 7

Endocrine System:

The pituitary is normal in size and appearance. The adrenals are normal size without hemorrhages or masses. The thyroid is symmetrical and small without lesions.

Musculoskeletal System:

The vertebrae, ribs, sternum, clavicles and pelvis are without fractures or other lesions. The general musculature is normally developed.

Neck:

The neck organs have normal anatomic relations. There is no hemorrhage into the subcutaneous tissue or musculature of the neck. The hyoid bone and thyroid cartilage are intact. The mucosa of the larynx and trachea is without hemorrhage or erosion. The epiglottis and aryepiglottic folds are without edema.

Head:

The scalp is intact without hemorrhage. There are no skull fractures. There is no epidural, subdural, subarachnoid, or intraventricular hemorrhage. The meninges are smooth and glistening. The 1580 gm brain is symmetrical and normally formed. No internal hemorrhages, infarcts, or mass lesions are identifiable. The ventricles are symmetrical and normal in size. The circle of Willis is normally formed with minimal atherosclerosis. The basal ganglia, cerebellum, and brain stem are unremarkable.

TOXICOLOGY (SEE ATTACHED REPORT)

ER
460

U-175

MAR-07-2004 13:57

CAPITAL HABERS

602 382 2801 P.178/191

1501

UNIVERSITY MEDICAL CENTER

1501 Ch Campbell Avenue, Tucson, Ar. 85724

Kenneth J. Ryan, M.D., Medical Director

Department of Pathology

NAME: POLAND, PATRICK

PT#: MLOO-499

LOC: MLOO

ROOM:

AGE: 51Y

SEX: M

ACCT: 9987645

DR: SIBLEY, ANDREW (OME)

CODE: 02774

		VOLATILE SUBSTANCES				
TEST:	SPECIMEN	ETHANOL	ETHANOL	METHANOL	ACETONE	ISOPROPANOL
UNITS:		ng/dL	ng/dL	ng/dL	ng/dL	ng/dL
LD-HI:		UNDE	UNDE	UNDE	UNDE	UNDE
03/18/00						
0001	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

		VITREOUS ELECTROLYTES						
TEST:	SPECIMEN	SODIUM	POTASSIUM	CHLORIDE	CARBON DIOXIDE	GLUCOSE	UREA NITROGEN	CREATININE
UNITS:		mMOL/L	mMOL/L	mMOL/L	mMOL/L	mg/dL	mg/dL	mg/dL
03/18/00								
0001	VITREOUS	139	8.9	121*	14*	<10	13	0.5

		SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (OME only)					
TEST:	SPECIMEN	COCAINE	OPIATE	CANNABINOID	BENZODIAZEPINE	AMPHETAMINE	BARBITURATE
UNITS:	SOURCE	METABOLITE(S)	METABOLITE(S)	METABOLITE(S)	METABOLITE(S)	& RELATED COMPOUNDS	SCREEN
		ng/mL	ng/mL	ng/mL	ng/mL	ng/mL	ng/mL
03/18/00							
0001	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	Positive

AS

ER
461

U-176

MAR-07-2004 13:57

CAPITAL HABERS
UNIVERSITY MEDICAL CENTER
1501 North Campbell Avenue, Tucson, Arizona 857
Kenneth J. Ryan, M.D., Medical Director
Department of Pathology

602 382 2001

P.113/151

NAME: POLAND, PATRICK
PT#: MLOO-499
ACCT: 9987645

LOC: MLOO ROOM:
DR: SIBLEY, ANDREW (OME)

AGE: 51Y

SEX: M
CODE: 02774

THIN LAYER CHROMATOGRAPHY
ROUTINE DRUG SCREEN

ACETAMINOPHEN
AMITRIPTYLINE
AMOXAPINE
AMPHETAMINE
BARBITURATES
BENZTROPINE
CAFFEINE
CARBAMAZEPINE
METABOLITES
Cimetidine
COCAINE

SUBSTANCES ROUTINELY SCREENED FOR BY THIN LAYER CHROMATOGRAPHY

CODEINE	IMIPRAMINE	MORPHINE (FREE)
CYCLOBENZAPRINE	LIDOCAINE	NICOTINE
DESIPRAMINE	LOXAPINE	NORTRIPTYLINE
DEXTROMETHORPHAN	MEPERIDINE	PENTAZOCINE
DIPHENHYDRAMINE/ DIMENHYDRINATE	MEPROBAMATE	PHENACETIN
DOXEPIN	METHADONE	PHENCYCLIDINE
DOXYLAMINE	METHAMPHETAMINE	PHENOTHIAZINES
ETHCHLORVYNOL	METHAQUALONE	PHENITOLIN
GLUTETHIMIDE	METHOCARBAMOL	PROPXYPHENE
HYDROXYZINE	METHYPRYLON	PROPRANOLOL

QUINIDINE/QUININE
SPIRONOLACTONE
STRYCHNINE
SYMPATHOMIMETIC AMINES
TERPIN HYDRATE
TRIAZOLONE
TRIAMTERENE
TRIMETHOBENZAMIDE
TRIMETHOPRIM
TRIMIPRAMINE

***** RESULTS *****

AUTOPSY URINE

SUBSTANCE(S) CONSISTENT WITH:

ACETAMINOPHEN

BARBITURATE, NOT PHENOBARBITAL

NICOTINE AND METABOLITE

DIPHENHYDRAMINE/DIMENHYDRINATE METABOLITES

AS

ER
462

U-177

DON JAY MILLER

ML 00-1827

AUTOPSY REPORT

FINAL COUNTY, ARIZONA

ARIZONA DEPARTMENT OF CORRECTIONS

CASE #2000-02693

NOVEMBER 9, 2000

ER
463

U-178

ML 00-1827

Re: Don J. Miller

Page 2

PATHOLOGIC DIAGNOSES:

- 1) Sodium pentothal and potassium chloride intoxication
- 2) Coronary atherosclerosis
 - A) 30% occlusion of the left anterior descending

OPINION:

The death of this adult male, Don Miller, is ascribed to execution by sodium pentothal and potassium chloride injection.

Cynthia Porterfield

Cynthia Porterfield, D.O.
Forensic Pathologist

CMP/jd

BR
464

U-179

ML 00-1827

Re: Don J. Miller

Page 3

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF DEATH:

The deceased is a 36-year-old man (DOB: September 21, 1964) who was an inmate who was executed by lethal injection. He was pronounced at the scene by Warden Rollins at 1541 hours on November 8, 2000.

AUTHORIZATION:

The postmortem examination is performed under the authorization of the Pinel County Medical Examiner's Office.

IDENTIFICATION:

The deceased is identified by Warden Rollins. Photographs and fingerprints are taken.

ER
465

U-180

ML 00-1827

Re: Don J. Miller

Page 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE AUTOPSY:

The postmortem examination on the body of Don Miller is performed at the Forensic Science Center, 2825 E. District Street, Tucson, Arizona commencing at 0830 hours on November 9, 2000. Assisting in the examination are Nicole Kessler and Abel Valentine.

GENERAL INSPECTION:

The clad, unembalmed body is received within a blue sealed body bag.

CLOTHING AND PERSONAL EFFECTS:

- 1) One pair of white socks
- 2) One pair of blue jean pants
- 3) One pair of disposable white briefs
- 4) One blue short-sleeved button-up shirt which is properly positioned

EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:

- 1) On the chest there are three round electrocardiogram leads.
- 2) Protruding from the right antecubital fossa is an intravascular catheter which is taped into place and covered with white gauze.
- 3) Protruding from the left antecubital fossa is an intravascular catheter which is held in place with white gauze. Associated with this venipuncture is an area of red abrasion, 1.5 x 0.5 cm.

EXTERNAL EXAMINATION:

The body is that of a normally developed, well-nourished white male appearing the stated age, measuring 179 cm (68-1/2 inches) in length and weighing 74.6 kg (164 pounds). The body is cold to touch. Rigor mortis is present to an equal extent in all joints. Fixed postmortem lividity is developed on the posterior dependent portions of the body.

Head and Neck:

The head hair is brown with the longest hairs measuring 5.0 cm in length. The eyes are closed. The irides are brown. The pupils are symmetrical and measure 0.4 cm. There are no petechial hemorrhages present. The bony structures of the nose are intact. The face is unshaven. The teeth are natural and in good repair. The ears are symmetrical. The neck is free of trauma and the trachea is in the midline.

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Trunk:

The chest is symmetrical. The abdomen is flat. The external genitalia are that of a circumcised male. The testes are descended bilaterally. The pubic hair is brown, and normal in distribution and amount. The back, buttocks, and anus are not remarkable.

Extremities:

The upper extremities are symmetrical. The fingernails are short and clean. The lower extremities are symmetrical. The toenails are short and clean.

IDENTIFYING SCARS, MARKS, TATTOOS:

- 1) On the right lateral arm there is a green-blue tattoo of a marijuana leaf, 3.5 x 2.5 cm.
- 2) On the right lateral arm there is an undecipherable blue-green tattoo, 5.0 x 3.0 cm.

EXTERNAL EVIDENCE OF RECENT INJURY:

None.

INTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:

None.

INTERNAL EVIDENCE OF RECENT INJURY:

None.

INTERNAL EXAMINATION:

Body Cavities:

The body is entered by a Y-shaped incision. All organs are present in their usual anatomic position and present their usual anatomic relationships. There are no abnormal accumulations of fluid in the body cavities.

Neck:

The neck is dissected in layers showing normal anatomic relationships. The anterior muscles of the neck reveal no evidence of hemorrhage. The cartilages of the larynx and epiglottis are intact. The hyoid bone is intact.

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Cardiovascular System:

The pericardial sac is intact. The heart weighs 400 gm, and has the normal configuration. The epicardial surfaces are yellow to brown. The coronary arteries have their usual origin, pursue their usual anatomic course, and serial sectioning reveals focal 70% occlusion of the left anterior descending. The valve leaflets are thin and flexible, and are of the appropriate number. The chambers are of normal configuration. The thicknesses of the right and left ventricles are 0.4 and 1.4 cm, respectively. The endocardium is thin throughout. The myocardium is red-brown and sectioning reveals no evidence of healed infarctions or recent hemorrhage. The aorta pursues its normal course and is not remarkable.

Respiratory System:

The larynx and trachea are free of hemorrhage and ulceration. The left lung weighs 770 gm, and the right 720 gm. The pleural surfaces are smooth, shiny and pink-purple. Sectioning reveals moderate edema and congestion of the parenchyma with no masses or abscesses noted. The hilar lymph nodes are of normal size and shape. The pulmonary vasculature is free of thromboemboli.

Gastrointestinal Tract:

The esophagus is free of hemorrhage and ulceration. The stomach contains 150 cc of partially digested brown food. The gastric mucosa is normally folded and tan. There are no ulcerations noted in the stomach or proximal duodenum. The large intestine is not remarkable. The appendix is present.

Liver:

The liver weighs 1600 gm. The liver capsule is smooth and red-brown. Sectioning reveals uniform red-brown parenchyma with no evidence of abscesses or masses. The gallbladder is not remarkable and contains 30 cc of tan bile.

Pancreas:

The pancreas is of normal size and shape. Sections show lobular tan parenchyma without fat necrosis or hemorrhage.

Hematopoietic System:

The spleen weighs 330 gm. The spleen capsule is red-purple and smooth. Serial sectioning reveals a uniform red-purple parenchyma with no evidence of infarctions or masses. The thymus appears involuted. Systemic lymph nodes are of normal size and shape. The bone marrow is red-brown and not remarkable.

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Genitourinary Tract:

The left kidney weighs 210 gm, and the right 200 gm. The capsules strip easily from each kidney revealing smooth brown surfaces. On cut section the cortices are noted to be of normal width. There are no cysts or masses noted. The collecting system and ureters are not remarkable. The urinary bladder is normal size and contains 50 cc of urine. The bladder mucosa is smooth and tan. The prostate is of normal size and shape. Serial sectioning shows white-tan cut surfaces. The testes are of normal size and cut section shows a plush tan parenchyma.

Endocrine System:

The pituitary is of normal size and shape. The adrenal glands are of normal size and shape. Cut section shows yellow cortices with no evidence of nodules. The thyroid gland is symmetrical and red-brown, and on cut section reveals no evidence of cysts or nodules.

Musculoskeletal System:

The muscles are red-brown and appear to be normal in bulk. The skeletal system shows no gross bony abnormalities.

Central Nervous System:

The scalp displays no lacerations or hematomas. On reflecting the scalp there is no subgaleal hemorrhage. The skull is intact. On entering the cranial cavity there is no evidence of hemorrhage, specifically there is no subdural, epidural or subarachnoid hemorrhage. The leptomeninges are without special note. The brain weighs 1530 gm, and is symmetrical. Serial sectioning of the brain reveals no focal areas of pathologic change. The ventricles are of normal size and shape. The vessels at the base of the brain are not remarkable.

Toxicology:

Vitreous humor, blood, urine, gastric contents, and liver are sent to the toxicology laboratory for analysis.

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MICROSCOPIC EXAMINATION

Lungs:

Sections show congestion and edema.

Kidneys:

Section shows scattered sclerosed glomeruli.

Liver:

Section shows a moderate periportal chronic inflammatory cell infiltrate.

Heart:

Sections show no significant histopathologic changes.

TOXICOLOGY (SEE ATTACHED REPORT)

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UNIVERSITY MEDICAL CENTER
1501 North Campbell Avenue, Tucson, Arizona 85724
Margaret A. Rennels M.D., Medical Director
Department of Pathology

NAME: MILLER, DON
PT#: MLOO-1827
ACCT: 9987645

LOC: MLOO ROOM:
DR: PORTERFIELD, CYNTHIA

AGE: 37Y SEX: M
CODE: 02870

----- Special Chemistry Test Referral -----

11/08/00

0001 MISCELLANEOUS CHEMISTRY

TEST NAME

THIOPENTAL QUANTITATION

REFERENCE LAB

Testing performed by Medtox Laboratories, Inc., 402 W. County Road,
Dul, St. Paul, MN 55112-262202. Director: D. Gary Hargill, PhD.
Phone: 800/833-3244.

RESULT

See consultation report

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0-186

MAR-07-2004 14:00

CAPITAL HABERS

602 382 2801 P.189/191

UNIVERSITY MEDICAL CENTER
 1501 North Campbell Avenue, Tucson, Arizona 85724
 Margaret A. Rennels M.D., Medical Director
 Department of Pathology

NAME: MILLER, DON
 PT#: ML00-1827
 ACCT: 9987645

LOC: ML00 ROOM:
 DR: PORTERFIELD, CYNTHIA

AGE: 37Y

SEX: M
 CODE: 02870

TEST:	SPECIMEN	VOLATILE SUBSTANCES				
		ETHANOL ng/dL	ETHANOL ng/dL	METHANOL ng/dL	ACETONE ng/dL	ISOPROPANOL ng/dL
INTS:		ng/dL	ng/dL	ng/dL	ng/dL	ng/dL
LD-11:		UNDE	UNDE	UNDE	UNDE	UNDE
11/04/00 0001	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

TEST:	SPECIMEN SOURCE	SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (ONE only)					BARBITURATE SCREEN ng/mL
		COCAINE METABOLITE(S) ng/mL	OPiate METABOLITE(S) ng/mL	CANNABINOID METABOLITE(S) ng/mL	BENZODIAZEPINE METABOLITE(S) ng/mL	AMPHETAMINE & RELATED COMPOUNDS ng/mL	
INTS:		ng/mL	ng/mL	ng/mL	ng/mL	ng/mL	
11/04/00 0001	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	POSITIVE

Comp
 12-11-00

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UNIVERSITY MEDICAL CENTER
150 North Campbell Avenue, Tucson, Arizona 85724
Margaret A. Rennels M.D., Medical Director
Department of Pathology

NAME: MILLER, DON
PT#: MLOD-1827
ACCT: 9987645

LOC: MLOO ROOM: AGE: 37Y
DR: PORTERFIELD, CYNTHIA

SEX: M
CODE: 02870

TEST:
UNITS:
LO-NO:

11/06/00
0001

THIN LAYER CHROMATOGRAPHY
NICOTINE DRUG SCREEN

SUBSTANCES ROUTINELY SCREENED FOR BY THIN LAYER CHROMATOGRAPHY

ACETAMINOPHEN	CODEINE	IMIPRAMINE	MORPHINE (FREE)	QUINIDINE/QUININE
AMITRIPTYLINE	CYCLOBENZAPRINE	LIDOCAINE	NICOTINE	SPRONOLACTONE
AMOXAPINE	DESIPRAMINE	LOXAPINE	NORTRIPTYLINE	STRYCHNINE
AMPHETAMINE	DEXTROMETHORPHAN	NEPERIDINE	PENTAZOCINE	SYMPATHOMIMETIC AMINES
BARBITURATES	DIPHENHYDRAMINE/	NEPROBAMATE	PHENACETIN	TERPIN HYDRATE
BENZTROPINE	DIMENHYDRINATE	METHADONE	PHENCYCLIDINE	TRAZOLONE
CAFFEINE	DOXEPIN	METHAMPHETAMINE	PHENOTHIAZINES	TRIANTERENE
CARBAMAZEPINE	DOXYLAMINE	METHAQUALONE	PHENTOLIN	TRIMETHOBENZAMIDE
METABOLITES	ETHCHLORVYNOL	METHOCARBAMOL	PROPXYPHENE	TRIMETHOPRIM
GIMETIDINE	GLUTETHIMIDE	METHYPRYLON	PROPANOLOL	TRIMIPRAMINE
COCAINE	HYDROXYZINE			

***** RESULTS *****

AUTOPSY URINE

SUBSTANCE(S) CONSISTENT WITH:
CAFFEINE
NICOTINE AND METABOLITE

*Comp
12/1/00*

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1 STEVEN S. LUBLINER (SBN 164143)
2 Law Offices of Steven S. Lubliner
3 P.O. Box 750639
4 Petaluma, CA 94975
5 Telephone: (707) 789-0516
6 Facsimile: (707) 789-0515

7 On Behalf of Plaintiff Donald J. Beardslee

E-filing

8 IN THE UNITED STATES DISTRICT COURT
9 FOR THE NORTHERN DISTRICT OF CALIFORNIA

JF

10 DONALD J. BEARDSLEE,

11 Plaintiff,

12 v.

13 JEANNE S. WOODFORD, Director of
14 the Department of Corrections, JILL L.
15 BROWN, Acting Warden of the
16 California State Prison at San Quentin,
17 and DOES 1-50.

18 Defendants.

Case No.

04 5381

DEATH PENALTY CASE:
EXECUTION DATE SET

MOTION FOR EXPEDITED
DISCOVERY AND TO COMPEL
PRODUCTION OF DOCUMENTS

EMERGENCY ACTION
REQUESTED

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1 I. NOTICE OF MOTION AND MOTION

2 PLEASE TAKE NOTICE that as soon as this motion can be set for hearing on
3 an emergency basis, plaintiff will move this court for the following orders:

4 Pursuant to FRCivP 26(d), plaintiff moves for an order permitting discovery to
5 go forward without compliance with the procedures and timelines set out in FRCivP 26(f).
6 Plaintiff asks this court to 1) allow discovery to proceed immediately; 2) require the parties to
7 serve discovery requests personally or by fax; 3) require the parties to serve objections to
8 discovery requests in person or by fax within one day of being served; 4) require the party
9 serving objections to be available for a meet and confer session on the day following the
10 service of objections even if objections are served on Friday or the day before a holiday, and
11 5) establish a briefing schedule for motions to compel pursuant to which all papers would be
12 served in person or by fax, the opposition and reply papers would each be filed and served
13 one day after filing and service of, respectively, the moving and opposition papers. Pursuant
14 to FRCivP 37 and L.R. 37, plaintiff also moves for an order compelling production of
15 documents related to California's lethal injection procedure, which documents shall be
16 described below.

17 In light of plaintiff's impending execution date of January 19, 2005, plaintiff
18 asks that this court set a briefing schedule that will allow this motion to be heard on December
19 23, 2004. Establishing expedited discovery procedures for this litigation now is necessary so
20 that, should this court deny the companion motion for preliminary injunction, plaintiff will
21 have sufficient time to conduct discovery in order to develop support for a motion for
22 summary judgment and/or a stay of execution.

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1 II. MEMORANDUM OF POINTS AND AUTHORITIES

2 A. Procedural Background

3 Plaintiff is confined in San Quentin State Prison under sentence of death. On
4 December 16, 2004, the San Mateo County Superior Court set January 19, 2005 as the date
5 for plaintiff's execution. No stay of execution is currently in place.
6

7 Plaintiff is concurrently filing a complaint under 42 U.S.C. § 1983 challenging
8 California's lethal injection procedure. Plaintiff alleges that California's procedures, to the
9 extent they have been made public, create an unacceptable risk that plaintiff will experience a
10 level of pain and suffering during his execution that offends the Eighth Amendment to the
11 United States Constitution. Plaintiff further alleges that the use of pancuronium bromide, a
12 paralyzing neurotoxin, during the execution process violates plaintiff's First Amendment
13 rights to communicate during his execution that the procedure has malfunctioned, that he has
14 not been properly sedated and that he is being, or without intervention will be, tortured.
15 Plaintiff has exhausted his administrative remedies prior to bringing suit. Plaintiff is also
16 concurrently filing a motion for a temporary restraining order, preliminary and permanent
17 injunctive relief to halt the execution while his claims can be litigated.
18

19 B. Good Cause Exists to Allow Discovery to Go Forward Immediately

20 FRCivP 26(d) provides as a general rule that no discovery shall take place
21 before the parties have met and conferred as required by FRCivP 26(f). Both Rule 26(d) and
22 Rule 26(f) permit this Court to relieve the parties from the procedures otherwise required by
23 Rule 26(f). This Court should do so here.
24

25 The negotiated give and take contemplated by Rule 26(f) has little application
26 to this case. Rule 26(f) provides in pertinent part:
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1 "Except in categories of proceedings exempted from initial
2 disclosure under Rule 26(a)(1)(E), or when otherwise ordered, the
3 parties must, as soon as practicable, and in any event at least 21
4 days before a scheduling conference is held or a scheduling order
5 is due under Rule 16(b), confer to consider the nature and bases of
6 their claims and defenses and the possibilities for a prompt
7 settlement or resolution of the case, to make or arrange for the
8 disclosures contemplated by Rule 26(a)(1), and to develop a
9 proposed discovery plan[.]"

10 No scheduling conference is currently set. Rule 16(b) contemplates such conferences being
11 set approximately 90 days after the appearance of a defendant. Obviously, this schedule is
12 unworkable. Even if plaintiff could convince defendants to meet and confer immediately, the
13 conference would be an idle act. It is inconceivable that defendants will offer to modify their
14 lethal injection procedure unless ordered to do so by a court. Therefore, settlement
15 discussions would be pointless. There is also no point to meet at this point to frame a
16 discovery plan. As discussed in the next section, defendants position is that plaintiff is not
17 entitled to any discovery into critical areas pertaining to the lethal injection procedure.

18 Allowing discovery to proceed immediately under the requested expedited
19 procedures balances the interests of both sides. Plaintiff has an interest in developing
20 meritorious constitutional claims that can be litigated as fully as possible before it is too late.
21 Defendants have an interest in having this case litigated as quickly as possible so that, if a
22 preliminary injunction is issued but defendants ultimately prevail, a new execution date can
23 be set sooner rather than later.

24 Because good cause exists, this Court should order that discovery may
25 proceed.

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28

1 C. Defendants Should be Compelled to Produce Documents.

2 1. Procedural History

3 On Monday, December 13, 2004, plaintiff's counsel faxed defendant Warden
4 an informal request for documents that he felt would be necessary to fully and fairly litigate
5 the case in federal court if plaintiff did not obtain administrative relief. (Declaration of
6 Steven S. Lubliner in Support of Motion for Expedited Discovery and to Compel Production
7 of Documents ("Lubliner Decl.") Exh. A.) Plaintiff's counsel asked the Warden to respond to
8 the request by Thursday, December 16, 2004. (Lubliner Decl., Exh. A, p. 4.) Plaintiff's
9 counsel offered to work with the Warden in crafting an appropriate protective order to address
10 any confidentiality concerns. (Lubliner Decl., Exh. A, p. 1.)

12 On the afternoon of December 16, 2004, plaintiff's counsel telephoned the
13 Warden to find out if a response would be forthcoming. (Lubliner Decl., ¶ 3.) The Warden
14 informed counsel that she had turned the request over to the California Attorney General's
15 office. (Lubliner Decl., ¶ 3.) Plaintiff's counsel then telephoned Dane Gillette, who has
16 served as lead counsel from the Attorney General's office throughout plaintiff's state and
17 federal proceedings. (Lubliner Decl., ¶ 4.) Mr. Gillette said that he had seen the request and
18 that nothing would be produced without a court order. Mr. Gillette said that none of the
19 documents referred to in the request were discoverable. (Lubliner Decl., ¶ 4.) The following
20 morning, plaintiff's counsel left a message for Mr. Gillette, asking him to elaborate on his
21 response, i.e., were the materials not discoverable because none of them were relevant to the
22 subject matter of the action or were they not discoverable because plaintiff's offer to enter
23 into an appropriate protective order somehow failed to address defendant's confidentiality
24 concerns. Mr. Gillette did not return the phone call. (Lubliner Decl., ¶ 5.)

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2. Documents to be Produced.

Plaintiff sought production of the following documents:

- A complete copy of the current version of San Quentin Operational Procedure No. 770. Plaintiff's counsel currently has the June 13, 2003 revision through page 39. (Lubliner Decl., Exh. B.) This document appears to be incomplete.
- Complete copies of any other publications or writings governing the lethal injection procedure.
- All documents related to the decision to implement lethal injection in California as it is currently practiced.
- A complete copy of the "Execution Security Plan," referred to on p. 2 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to "staff assignments on the execution detail," referred to on p. 12 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to the readiness, operational and equipment checks performed at various intervals preceding the execution, as stated in the June 13, 2003 revision of Procedure No. 770.
- All documents related to the proper control of the necessary chemicals, referred to on p. 12 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to obtaining the lethal injection, referred to on p. 17 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to the Execution Team who will execute Mr. Beardslee, including but not limited to the identities of the team members and the Lieutenant in Charge of the Chamber, the role that each member is to play in Mr. Beardslee's execution, the training that each member has had in his or her intended role, each member's employment history including discipline and complaints, any medical training that they have had at any time, any history of drug use, any criminal records

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1 whether or not resulting in conviction, and any background checks done on the team
2 members.

- 3 • All documents related to "the administration of the lethal injection," referred to on p.
4 19 of the June 13, 2003 revision of Procedure No. 770.
- 5 • All documents related to the State Physician and staff physician, referred to on p. 19 of
6 the June 13, 2003 revision of Procedure No. 770, including but not limited to their
7 identities, employment history, medical training, any history of drug use, criminal
8 history, disciplinary history, history of malpractice or complaints wherever registered
9 and any background checks done on them.
- 10 • All documents related to the procedures to be used to monitor Mr. Beardslee's heart as
11 referred to on p. 19 of the June 13, 2003 revision of Procedure No. 770.
- 12 • All documents related to the mixing of the drugs and the preparation of the syringes of
13 sodium pentothal, pancuronium bromide and potassium chloride to be used in the
14 execution process.
- 15 • All documents related to the decision not to have a backup syringe of sodium
16 pentothal prepared, while backup syringes of pancuronium bromide and potassium
17 chloride are prepared, as referred to on pp. 26-27 of the June 13, 2003 revision of
18 Procedure No. 770.
- 19 • All documents related to procedures to be used to revive Mr. Beardslee in the event a
20 stay or reprieve is issued after the execution process has begun but before it is
21 complete.
- 22 • All documents related to what constitutes proper storage of all chemicals and
23 equipment, as referred to on p. 30 of the June 13, 2003 revision of Procedure No. 770.
- 24 • All documents related to the "injection team," as referred to on p. 32 of the June 13,
25 2003 revision of Procedure No. 770, including but not limited to the qualifications for
26 serving on the injection team, identities of the team members, their employment
27 history including discipline and complaints, medical training, any history of drug use,
28

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1 criminal history whether or not resulting in convictions, and background checks done
2 on the team members.

- 3 • All documents related to the person or persons in the pharmacy who will issue the
4 "necessary agents" to a member of the lethal injection team, as referred to on p. 32 of
5 the June 13, 2003 revision of Procedure No. 770, including but not limited to their
6 identities, employment history, medical training, any history of drug use, criminal
7 history, disciplinary history, history of malpractice or complaints wherever registered
8 and any background checks done on them.
- 9 • All documents related to the procedure for rolling back the lip of the diaphragm on the
10 "Y" injection site, as referred to on page 36 of the June 13, 2003 revision of Procedure
11 No. 770.
- 12 • All documents related to the decision to administer a saline solution between the
13 pancuronium bromide and the potassium chloride, as detailed on the CDC web site.
- 14 • All documents related to the decision to prepare the syringe of sodium pentothal last,
15 as referred to on p. 37 of the June 13, 2003 revision of Procedure No. 770.
- 16 • All documents related to how it is determined when the execution will proceed so that
17 the syringe of sodium pentothal can be prepared, as referred to on p. 37 of the June 13,
18 2003 revision of Procedure No. 770.
- 19 • All documents related to the decision to use a single syringe of five grams of diluted
20 sodium pentothal as opposed to a continuous flow.
- 21 • All documents related to what constitutes a "person qualified, trained or otherwise
22 authorized by law" to insert the angiocath, as referred to on p. 39 of the June 13, 2003
23 revision of Procedure No. 770.
- 24 • All documents related to what constitutes a usable vein, as referred to on p. 39 of the
25 June 13, 2003 revision of Procedure No. 770, and the timing and determination of
26 whether or not Mr. Beardslee has usable veins.

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- 1 • All documents related to procedures to be used to execute Mr. Beardslee in the event a
- 2 usable vein cannot be found.
- 3 • All documents related to how it will be determined that a malfunction or blockage in
- 4 the first line exists, as referred to on p. 32 of the June 13, 2003 revision of Procedure
- 5 No. 770.
- 6 • All documents related to how, in the event of a malfunction or blockage in the first
- 7 line during the administration of the sodium pentothal, it will be determined that Mr.
- 8 Beardslee has achieved a level of unconsciousness to allow the execution to proceed.
- 9 • All documents related to how, if Mr. Beardslee has not been rendered unconscious by
- 10 the sodium pentothal, he will be able to communicate that fact to the injection team,
- 11 execution team or assembled witnesses in light of the administration of the paralytic
- 12 agent pancuronium bromide.
- 13 • All execution logs of all prisoners executed by lethal injection.
- 14 • All documents related to the conduct of prior executions in California by lethal
- 15 injection.
- 16 • All documents related to blood tests performed on other inmates executed in
- 17 California by lethal injection, including, but not limited to, toxicology reports
- 18 measuring the presence of the execution chemicals in the bloodstream.

19 As noted above, the Attorney General has taken the position that none of these documents are
20 discoverable. Plaintiff, of course, remains amenable to entering into an appropriate protective
21 order to address defendants' confidentiality concerns.

22
23 Plaintiff is entitled to discovery of all matter relevant to the subject matter of
24 the action. (FRCivP. 26(b).) The subject matter of the action is clear. As Procedure 770 sets
25 out, plaintiff will be put to death by the serial administration of three chemicals: sodium

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1 thiopental¹, pancuronium bromide and potassium chloride. (Lubliner Decl., Exh. B, pp. 26-
2 27.) Sodium thiopental is administered to render the inmate unconscious. Potassium
3 chloride, the last drug in the sequence, stops the heart and causes death. The second drug,
4 pancuronium bromide, is a neurotoxin that will completely paralyze plaintiff's voluntary
5 muscles as well as his breathing.²
6

7 Plaintiffs do not expect defendants to dispute that if plaintiff is not properly
8 anaesthetized by the administration of sodium thiopental, he will experience in order 1) the
9 conscious experience of prolonged suffocation—which in itself is an Eighth Amendment
10 violation—while completely paralyzed, and 2) excruciating, burning pain in his veins from
11 the potassium chloride, another Eighth Amendment violation. Defendants also cannot dispute
12 that completely paralyzing plaintiff by administering pancuronium bromide will prevent him
13 from exercising his First Amendment right to communicate that the execution process has
14 malfunctioned.
15

16 A shocking amount of information about the conduct of the lethal injection
17 procedure has not been made public. Each set of documents seeks information about the
18 procedures by which Mr. Beardslee will be put to death and the qualifications and training of
19 the people responsible for correctly implementing these procedures. The material sought is
20 clearly relevant to the subject matter of the action.
21

22 The "importance of the issues at stake in the litigation, and the importance of
23 the proposed discovery in resolving the issues" outweigh whatever burden that gathering and
24 producing this information may place on defendants. (FR CivP 26(b)(2).) It is unlikely that
25

26 ¹ Sodium thiopental is the generic name of the drug Sodium Pentothal.
27
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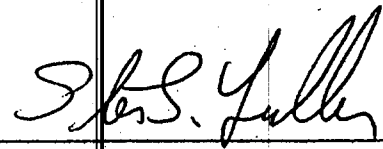
1 the requested information will be more than a couple of banker's boxes. By contrast,
2 plaintiff's interest in vindicating his constitutional rights and in holding California's veiled
3 lethal injection procedure up to public scrutiny cannot be overstated. The documents should
4 be produced.

5
6 IV. CONCLUSION

7 For the foregoing reasons, plaintiff's motions should be granted.

8 Dated: December 20, 2004

9
10 By: _____



11 Steven S. Lubliner
12 Attorney for Donald Beardslee
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26
27 ² The purpose and effect of these drugs are described in the declaration of Dr. Mark Heath in
28 support of plaintiff's companion motion for a temporary restraining order, preliminary
injunction and order to show cause.

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PROOF OF SERVICE

I, Steven S. Lubliner, certify and declare under penalty of perjury that I: am a citizen of the United States; am over the age of 18 years; am in practice at the address indicated; am a member of the State Bar of California, the Bar of this Court and the Bar of the Northern District of California; am not a party to or interested in the cause entitled upon the document to which this Proof of Service is affixed; and that I served a true and correct copy of the following document(s) in the manner indicated below:

MOTION FOR EXPEDITED DISCOVERY AND TO COMPEL PRODUCTION OF DOCUMENTS

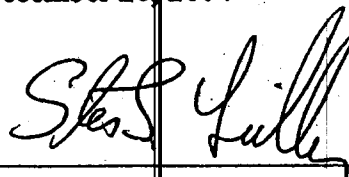
DECLARATION OF STEVEN S. LUBLINER IN SUPPORT OF MOTION FOR EXPEDITED DISCOVERY AND TO COMPEL PRODUCTION OF DOCUMENTS

[PROPOSED] ORDER GRANTING MOTION FOR EXPEDITED DISCOVERY AND TO COMPEL PRODUCTION OF DOCUMENTS

- ☐ by today depositing, at Petaluma, California, the said document(s) in the United States mail in a sealed envelope, with first-class postage thereon fully prepaid (and/or):
- ☒ by today personally delivering the said document(s) to the person(s) indicated below in a manner provided by law, by leaving the said document(s) at the office(s) or usual place(s) of business, during usual business hours, of the said person(s) with a clerk or other person who was apparently in charge thereof and at least 18 years of age, whom I informed of the contents.

Dane R. Gillette
Senior Assistant Attorney General
Office of the Attorney General
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-3664

Executed in Petaluma, California on December 20, 2004



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1 STEVEN S. LUBLINER (SBN 164143)
2 Law Offices of Steven S. Lubliner
3 P.O. Box 750639
4 Petaluma, CA 94975
5 Telephone: (707) 789-0516
6 Facsimile: (707) 789-0515

7 On Behalf of Plaintiff Donald J. Beardslee

8 IN THE UNITED STATES DISTRICT COURT
9 FOR THE NORTHERN DISTRICT OF CALIFORNIA

10 DONALD J. BEARDSLEE,

11 Plaintiff,

12 v.

13 JEANNE S. WOODFORD, Director of
14 the Department of Corrections, JILL L.
15 BROWN, Acting Warden of the
16 California State Prison at San Quentin,
17 and DOES 1-50.

18 Defendants.

Case No.:

DEATH PENALTY CASE:
EXECUTION DATE SET

DECLARATION OF STEVEN S.
LUBLINER IN SUPPORT OF
MOTION FOR EXPEDITED
DISCOVERY AND TO COMPEL
PRODUCTION OF DOCUMENTS

EMERGENCY ACTION
REQUESTED

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1 I, Steven S. Lubliner, declare as follows:

2 1. I am retained counsel for death row inmate Donald J. Beardslee, the
3 plaintiff in this litigation challenging California's lethal injection procedure as violative of his
4 rights under the First and Eighth Amendments to the United States Constitution. Since 2000,
5 I have also served as Mr. Beardslee's federal habeas counsel in this Court, the U.S. Court of
6 Appeals for the Ninth Circuit and the U.S. Supreme Court. I have personal knowledge of all
7 matters stated herein and, if called as a witness, could and would testify competently thereto.
8

9 2. On Monday, December 13, 2004, I faxed defendant Warden an
10 informal request for documents that I felt would be necessary to fully and fairly litigate the
11 case in federal court if Mr. Beardslee did not obtain administrative relief. A copy of this letter
12 is attached hereto as Exhibit A.

13 3. On the afternoon of December 16, 2004, I telephoned the Warden to
14 find out if a response would be forthcoming. The Warden informed me that she had turned
15 the request over to the California Attorney General's office.
16

17 4. I then telephoned Dane Gillette, who has served as lead counsel from
18 the Attorney General's office throughout plaintiff's state and federal proceedings. Mr.
19 Gillette said that he had seen the request and that nothing would be produced without a court
20 order. Mr. Gillette said that none of the documents referred to in the request were
21 discoverable.
22

23 5. On December 21, 2004, I telephoned Mr. Gillette again in an effort to
24 meet and confer in greater depth about the document request. I left a voice mail message
25 asking Mr. Gillette if his sweeping view that none of the requested documents was
26 discoverable was because he believed that they were not relevant to the subject of the action
27
28

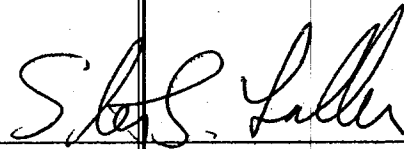
1 or because he felt that plaintiff's offer to enter into an appropriate protective order somehow
2 did not address defendants' confidentiality concerns. Mr. Gillette never returned my call.

3 6. Attached as Exhibit B is a true and correct copy of the June 13, 2003
4 revision of Procedure No. 770, which only goes up to page 39.

5 I declare under penalty of perjury under the laws of the State of California and
6 the United States of America that the foregoing is true and correct.
7

8 Executed in Petaluma, California

9 Dated: December 19, 2004

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PROOF OF SERVICE

I, Steven S. Lubliner, certify and declare under penalty of perjury that I: am a citizen of the United States; am over the age of 18 years; am in practice at the address indicated; am a member of the State Bar of California, the Bar of this Court and the Bar of the Northern District of California; am not a party to or interested in the cause entitled upon the document to which this Proof of Service is affixed; and that I served a true and correct copy of the following document(s) in the manner indicated below:

MOTION FOR EXPEDITED DISCOVERY AND TO COMPEL PRODUCTION OF DOCUMENTS

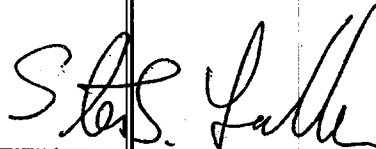
DECLARATION OF STEVEN S. LUBLINER IN SUPPORT OF MOTION FOR EXPEDITED DISCOVERY AND TO COMPEL PRODUCTION OF DOCUMENTS

[PROPOSED] ORDER GRANTING MOTION FOR EXPEDITED DISCOVERY AND TO COMPEL PRODUCTION OF DOCUMENTS

- ☐ by today depositing, at Petaluma, California, the said document(s) in the United States mail in a sealed envelope, with first-class postage thereon fully prepaid (and/or):
- ☒ by today personally delivering the said document(s) to the person(s) indicated below in a manner provided by law, by leaving the said document(s) at the office(s) or usual place(s) of business, during usual business hours, of the said person(s) with a clerk or other person who was apparently in charge thereof and at least 18 years of age, whom I informed of the contents.

Dane R. Gillette
Senior Assistant Attorney General
Office of the Attorney General
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-3664

Executed in Petaluma, California on December 20, 2004



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EXHIBIT 'A'

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LAW OFFICES OF STEVEN S. LUBLINER

P.O. Box 750639
Petaluma, CA 94975
Phone: (707) 789-0516
Fax: (707) 789-0515
E-mail: sslubliner@comcast.net

December 13, 2004

VIA FACSIMILE: (415) 454-6288

Jill L. Brown, Acting Warden
San Quentin Prison
San Quentin, CA 94964

Re: Donald J. Beardslee, C-82702

Dear Warden Brown,

Thank you for your courtesy to date at this difficult time.

Mr. Beardslee has submitted his 602 claims about the lethal injection procedure to the Director for Third Level review. I anticipate that the Director will deny the appeal and that I will be forced to bring a §1983 suit on Mr. Beardslee's behalf in federal court as soon as possible.

To avoid unnecessary discovery procedures, I am writing to request informally that you provide me with documents that will be necessary to fully and fairly litigate the case. I understand that you will probably have concerns about confidentiality. I am certainly agreeable to stipulating to an appropriate protective order that we can present to the court as soon as a judge is assigned to the case.

Please provide me with the following documents. The term documents is used in its broadest sense to include all writings, communications and recordings in any media.

- A complete copy of the current version of San Quentin Operational Procedure No. 770. I currently have the June 13, 2003 revision through page 39. This appears to be incomplete.
- Complete copies of any other publications or writings governing the lethal injection procedure.
- All documents related to the decision to implement lethal injection in California as it is currently practiced.

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- A complete copy of the "Execution Security Plan," referred to on p. 2 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to "staff assignments on the execution detail," referred to on p. 12 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to the readiness, operational and equipment checks performed at various intervals preceding the execution, as stated in the June 13, 2003 revision of Procedure No. 770.
- All documents related to the proper control of the necessary chemicals, referred to on p. 12 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to obtaining the lethal injection, referred to on p. 17 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to the Execution Team who will execute Mr. Beardslee, including but not limited to the identities of the team members and the Lieutenant in Charge of the Chamber, the role that each member is to play in Mr. Beardslee's execution, the training that each member has had in his or her intended role, each member's employment history including discipline and complaints, any medical training that they have had at any time, any history of drug use, any criminal records whether or not resulting in conviction, and any background checks done on the team members.
- All documents related to "the administration of the lethal injection," referred to on p. 19 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to the State Physician and staff physician, referred to on p. 19 of the June 13, 2003 revision of Procedure No. 770, including but not limited to their identities, employment history, medical training, any history of drug use, criminal history, disciplinary history, history of malpractice or complaints wherever registered and any background checks done on them.
- All documents related to the procedures to be used to monitor Mr. Beardslee's heart as referred to on p. 19 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to the mixing of the drugs and the preparation of the syringes of sodium pentothal, pancuronium bromide and potassium chloride to be used in the execution process.
- All documents related to the decision not to have a backup syringe of sodium pentothal prepared, while backup syringes of pancuronium bromide and potassium chloride are prepared, as referred to on pp. 26-27 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to procedures to be used to revive Mr. Beardslee in the event a stay or reprieve is issued after the execution process has begun but before it is complete.
- All documents related to what constitutes proper storage of all chemicals and equipment, as referred to on p. 30 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to the "injection team," as referred to on p. 32 of the June 13, 2003 revision of Procedure No. 770, including but not limited to the qualifications for serving on the injection team, identities of the team members, their employment history including discipline and complaints, medical training,

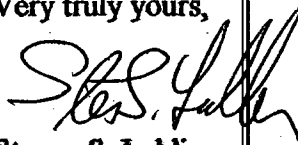
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any history of drug use, criminal history whether or not resulting in convictions, and background checks done on the team members.

- All documents related to the person or persons in the pharmacy who will issue the "necessary agents" to a member of the lethal injection team, as referred to on p. 32 of the June 13, 2003 revision of Procedure No. 770, including but not limited to their identities, employment history, medical training, any history of drug use, criminal history, disciplinary history, history of malpractice or complaints wherever registered and any background checks done on them.
- All documents related to the procedure for rolling back the lip of the diaphragm on the "Y" injection site, as referred to on page 36 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to the decision to administer a saline solution between the pancuronium bromide and the potassium chloride, as detailed on the CDC web site.
- All documents related to the decision to prepare the syringe of sodium pentothal last, as referred to on p. 37 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to how it is determined when the execution will proceed so that the syringe of sodium pentothal can be prepared, as referred to on p. 37 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to the decision to use a single syringe of five grams of diluted sodium pentothal as opposed to a continuous flow.
- All documents related to what constitutes a "person qualified, trained or otherwise authorized by law" to insert the angiocath, as referred to on p. 39 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to what constitutes a usable vein, as referred to on p. 39 of the June 13, 2003 revision of Procedure No. 770, and the timing and determination of whether or not Mr. Beardslee has usable veins.
- All documents related to procedures to be used to execute Mr. Beardslee in the event a usable vein cannot be found.
- All documents related to how it will be determined that a malfunction or blockage in the first line exists, as referred to on p. 32 of the June 13, 2003 revision of Procedure No. 770.
- All documents related to how, in the event of a malfunction or blockage in the first line during the administration of the sodium pentothal, it will be determined that Mr. Beardslee has achieved a level of unconsciousness to allow the execution to proceed.
- All documents related to how, if Mr. Beardslee has not been rendered unconscious by the sodium pentothal, he will be able to communicate that fact to the injection team, execution team or assembled witnesses in light of the administration of the paralytic agent pancuronium bromide.
- All execution logs of all prisoners executed by lethal injection.
- All documents related to the conduct of prior executions in California by lethal injection.
- All documents related to blood tests performed on other inmates executed in California by lethal injection, including, but not limited to, toxicology reports measuring the presence of the execution chemicals in the bloodstream.

Please do not hesitate to contact me with any questions. I would appreciate it if you could get back to me by Thursday with a list of the documents that you will be producing and any concerns you might have about this request. I am confident that we can resolve any disagreements promptly and amicably.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Steven S. Lubliner".

Steven S. Lubliner

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EXHIBIT 'B'

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CALIFORNIA STATE PRISON
SAN QUENTIN

Issue Date: 10/01/92

Revised Date: 6/13/03

I. LETHAL INJECTION CHAMBER, SAN QUENTIN STATE PRISON
(REDACTED)

San Quentin Operational Procedure No. 770

II. PURPOSES AND OBJECTIVES

The purpose of this plan is to establish the procedure for the care and treatment of inmates from the time an execution date is set through execution by lethal injection. In addition, this plan identifies staff responsibilities pursuant to preparation for executions and operation of the Lethal Injection Chamber.

III. REFERENCES

California Penal Code Sections: 1193, 1217, 1227, 3600, 3601, 3603, 3604, 3605, 3700, 3700.5, 3701, 3702, 3703, 3704, 3704.5, 3705, 3706.

California Administrative Manual, Article 2, Legal Executions, Sections 6200(a) through (f). (See Resource Supplements REF. 1-4.)

IV. APPROVAL AND REVIEW

This plan will be reviewed and/or revised by the Chief Deputy Warden annually in the month of October and forwarded to the Warden for approval prior to submitting the manual to the Director of Corrections.

This Institution Procedure is confidential and may be reviewed by staff with the need to know at the Warden's office only.

V. RESPONSIBILITY

- A. The Warden is responsible for the overall operation of this procedure.
- B. The Chief Deputy Warden is responsible for the security of the institution in the event of a scheduled execution.
- C. The Lieutenant in Charge of the execution chamber is responsible for monitoring and ensuring that this procedure is followed.
- D. The Associate Warden, Unit III will be familiar with all aspects of this plan.

VI. METHODS

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The first execution date for an individual is set under the provisions of Penal Code Sections 1193. The execution date must be scheduled no sooner than 60 days, but no later than 90 days from the 1193 PC hearing.

All subsequent execution dates are set under the provision of Penal Code Sections 1227. Execution dates set under this provision of the penal code sections must be scheduled no sooner than 30 days, but no later than 60 days from the 1227 PC hearing.

A. Chronology of Events Prior to Execution:

1. Upon receipt of the execution order:

a. The Warden will:

- 1) Notify the Director of Corrections via the Deputy Director - Institutions Division by telephone, if the execution appears imminent, followed with a copy of the execution order to the Director of Corrections, via the Deputy Director of Institutions.
- 2) Together with the Legal Affairs Coordinator and Associate Warden, Unit III interview the inmate to be executed, serve the execution order, and document the interview on the Service of Execution Warrant Form.
- 3) Notify the Governor's Legal Affairs Secretary by mail of the scheduled execution with a copy of the execution order enclosed. Notify the Director of Corrections via the Deputy Director - Institutions Division of the scheduled execution.
- 4) Submit to the Director via the Deputy Director - Institutions Division, the names of three (3) psychiatrists who will serve as the required panel of alienists. The alienists will be employees of the Department of Corrections who have previously received the approval of the Director.
- 5) Secure from the Case Records Manager the central file of the inmate, which will be maintained in the Warden's office seven days prior to the date of execution.

b. The Chief Deputy Warden will:

- 1) Prepare to activate execution security plan.

c. The Associate Warden, Unit III will:

- 1) Move inmate to designated area. Inmates housed in East Block will be moved to the first tier upon receipt

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of the warrant. Inmates in North Segregation will remain in their assigned cells. Inmates in the Adjustment Center will remain in their assigned cells. Five days prior to an execution, inmates will move to a designated cell in North Segregation. Inmates in the Adjustment Center may be moved to North Segregation or remain in the Adjustment Center at the discretion of the Warden.

- 2) Implement hourly checks and logs by Condemned Unit staff.
- 3) Direct the Condemned Unit staff to commence documentation of the inmate's behavior on CDC 128B on each shift. These 128B's will be forwarded daily to the Legal Affairs Coordinator via the Associate Warden, Unit III. Any documentation regarding unusual behavior will be brought to the attention of the Warden.
- 4) Initiate daily contact with unit on procedural follow through.

d. The Legal Affairs Coordinator will:

- 1) Act as liaison between the inmate's family and the Warden, answering questions the family may have, and coordinating visits and other communication between the inmate and his or her family. In addition, if necessary, the Legal Affairs Coordinator will make telephone contact with the inmate's family or attorney prior to the mailing of any necessary notifications regarding the execution, informing the family that the correspondence will be forthcoming and explaining its purpose and necessity. The Legal Affairs Coordinator will attend all meetings of the execution team.
- 2) Direct the Administrative Assistant to direct the mailroom Sergeant to deliver all non-legal incoming mail for the inmate to the Administrative Assistant to be inspected, logged and forwarded to the inmate via the oncoming Third Watch Condemned Row Sergeant. Mail that is sent to the inmate by anonymous senders, containing offensive messages, will be hand carried to the inmate by the Condemned Row Correctional Counselor II. The Correctional Counselor II will give the inmate the option to accept or reject the offensive correspondence. The Administrative Assistant will instruct the First Watch Condemned Row Sergeant to inspect and log all non-legal outgoing mail from the inmate. The Condemned Row Sergeant will forward any unusual mail immediately to the Administrative Assistant for

the Warden's attention. This process must be handled expeditiously to avoid unnecessary delay of outgoing or incoming mail in this category.

- 3) Receive from the Visiting Lieutenant a copy of the list of approved visitors. A print-out of visits will be provided and filed in the pre-execution record.
- 4) Instruct the Office Assistant who schedules legal visiting to give priority accommodations to the attorney for the inmate. If a scheduling problem occurs, the Legal Affairs Coordinator will immediately be notified.
- 5) Construct a file on the inmate that shall contain all pertinent court documents; i.e., execution order, etc., a biographical information sheet from the Public Information Officer's condemned data, photocopy of the visiting card(s), Service of Execution Warrant form, pre-execution activity log, behavior 128B's, and any other pertinent information. This file shall be kept at hand in the Legal Affairs Coordinator's office. In the event the execution is stayed, the file will be closed and filed in the Legal Affairs Coordinator's office.
- 6) Update the list of scheduled executions and distribute it to the Administrative Officer of the Day (AOD) book, Chief Deputy Warden, Associate Warden, Unit III, Visiting Lieutenant, Mailroom Sergeant, Chief Psychiatrist and Chaplains.

e. The Public Information Officer will:

- 1) Advise the Assistant Director of Communications, by telephone, of the execution date. Coordinate with the Assistant Director of Communications a press release for release to inquiries of news media agencies.

f. The Visiting Lieutenant will:

- 1) Flag the computer file in the memo field with the following instruction:
 - (a) Priority Visiting Privileges. Do not turn away visitors without approval of Warden or Administrative Officer of the Day (AOD). Notify Warden's office (Public Information Officer) seven days prior to imminent execution of each visit that this inmate has on the day that it occurs, or if on weekend or holiday, the next workday.

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The Visiting Lieutenant will ensure that these instructions are complied with.

- 2) Make photocopies of the inmate's visiting file along with a computer print-out of all approved visitors and deliver them to the Legal Affairs Coordinator so that visits can be filed in the pre-execution file.
- 3) Ensure that the attorney for the inmate is afforded every assistance in expeditiously having access to his or her client. In the final weeks prior to the execution, this may include facilitating attorney visits during weekends and holidays should such be necessary.
- 4) Upon receipt of a warrant of execution for an inmate, and when it appears the execution is imminent, the Visiting Lieutenant will be notified that all visiting for a Grade A inmate will take place in the plexiglass booths of the Main Visiting Room during normal visiting hours. A correctional officer will be assigned to provide constant and direct supervision of the visit.

Grade B inmates will continue to receive non-contact visits in Main Visiting.

- 5) Beginning at least five (5) days prior to the scheduled execution, the following visiting procedure will be adhered to:
 - (a) Non-legal visitors will be limited to family members only. If the inmate does not have family members visiting him or her, non-legal visits will be limited to individuals who have an established history of visiting the inmate.
 - (b) Grade B inmates will continue to receive non-contact visits during designated visiting hours.
 - (c) A state vehicle will be supplied to transport visitors from the East Gate to the Visiting Room.
 - (d) The inmate will visit in waist restraints and handcuffs.
 - (e) The inmate and the visitor(s) may briefly embrace or shake hands at the beginning and end of the visit. No other physical contact will be allowed.

- 6) In the event there is a scheduled attorney visit, the following procedures will apply:

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- (a) Attorneys and approved visitors of the inmate will not be permitted to visit with the inmate simultaneously.
 - (b) For an attorney/client confidential visit, the attorney will be allowed to bring the following items:
 - (1) One pen or pencil;
 - (2) One note pad;
 - (3) Necessary legal materials.
 - (c) For attorney/client confidential visits, the inmate will be removed from the conference room and proceed with his attorney visit in the plexiglass visiting area under constant visual observation by the special visiting team.
- 7) All visiting for the inmate will cease once he/she is placed in the overnight cell in the chamber area. Attorneys may have access to their client by phone as requested.
- g. The Lieutenant in Charge of the Chamber will:
- 1) Ensure that the execution chamber is ready.
 - 2) Ensure no individuals enter the chamber area without specific approval of Warden.
- h. The Condemned Row Correctional Counselor II will:
- 1) Maintain close daily contact with the inmate upon service of the execution warrant.
 - 2) Interview and assess the inmate's behavior and attitude upon conclusion of visits and prior to returning to his cell.
2. 45 - 20 days prior to the execution:
- a. The Warden will:
- 1) Approach those reputable citizens known to him/her that would be willing to serve as official witnesses to the execution. The Warden shall confirm the availability and willingness to participate of twelve (12) official witnesses and two (2) or more alternates.
 - 2) Compile and submit to the Director of Corrections via the Deputy Director, Institutions the original

documents of the 20-day pre-execution report of the alienists pursuant to Penal Code 3700.5. The Director of Corrections shall forward the document to the Governor's Legal Affairs Secretary via the agency secretary, Youth and Adult Correctional Agency. The 20-day report shall be comprised of the following:

- (a) A current psychiatric report.
- (b) Comments of the chaplain attending the inmate.
- (c) A summary of the inmate's conduct and behavior.
- (d) A cover letter from the Warden addressing the above and any first-hand information obtained from observations, interviews, or communication with family and friends of the inmate.

The 20-day report is to be delivered to the Deputy Director, Institutions Division 28 days prior to the scheduled execution.

b. The Psychiatrists (Alienists) will:

- 1) Interview and examine the inmate within sufficient time so as to evaluate the findings and give written report to the Warden within the Warden's 20-day report deadline. The written reports shall include an interpretation of the examinations, interviews, and history stated in lay wording. Information available to one psychiatrist pertinent to the inmate's sanity shall be made available to the other two psychiatrists for evaluation and inclusion in the appropriate psychiatric reports.
- 2) The Alienist panel will make an appointment with the Warden prior to submission of the 20-day report. The Alienist panel will review with the Warden the inmate's psychiatric report. This meeting will include all psychiatric staff who may have observations and information regarding the inmate. This information will be shared with the Warden.
- 3) For imminent executions, the Warden will select a member of the Alienist panel who, along with the Chief Medical Officer, will ensure the following is complied with:

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- (a) Any medication ordered for the inmate will have prior approval of the Chief Medical Officer or the selected Alienist panel member.
 - (b) The selected Alienist panel member and the Chief Medical Officer will develop a 24-hour call schedule in which one of them will be available either by telephone or pager to approve or deny a recommended medication prescription for the inmate.
- 4) An Alienist selected by the Warden will review the unit hourly check logs completed on the inmate on a daily basis notifying the Warden of any unusual behavior. The same procedure will be followed for the 15 minute check logs normally begun five (5) days prior to the scheduled execution.
- c. The Chaplain will:
 - 1) Interview the inmate as needed to assess his spiritual and emotional well-being. The chaplain attending the inmate's religious needs will determine the inmate's religious preferences and needs, next of kin, funeral or other requests, attitudes or thoughts on death and dying, and any observations as to his emotional stability such as acceptance of his sentence, etc. The chaplain will formulate his observations into a written report and submit it to the Warden within sufficient time to meet the Warden's 20-day report deadline.
- d. The Condemned Row Correctional Counselor II will:
 - 1) Assess the observations of the inmate's counselor and custody staff, and research the case history to determine the inmate's past and present conduct and behavior. This information will be submitted in writing to the Warden within sufficient time to meet the Warden's 20-day report deadline.
- e. The Public Information Officer will:
 - 1) Coordinate with the Assistant Director, Communications to announce to the media via recognized wire services that the execution is scheduled and any media representatives wishing to witness or otherwise cover the event must follow the instructions as outlined in the advisory. The Public Information Officer and Assistant Director, Communications will announce a 10-day filing period in which the news media may submit their written requests to witness the execution. Requests

must be for the execution at hand, and will not be kept on file. No request will be considered that is received after close of business of the tenth and final day.

- 2) Work with the Assistant Director, Communications to select up to seventeen (17) media witnesses to the execution. Consideration will be given to the broadest cross-section of media format and greatest circulation/viewers.

3. 30 - 7 Days Prior to an Execution:

a. Sanity Review Request:

Attorneys may submit in writing for the Warden's review, any current psychiatric information that they believe may have a bearing on evaluating the sanity of a condemned inmate with a scheduled execution date.

This information will be accepted 30 days prior to a scheduled execution, and up to 7 days prior to the scheduled execution. Information submitted sooner than 30 days preceding the scheduled execution will not be considered by the Warden under this procedure, but will be accepted for consideration by the panel of alienists. The panel of alienists will consider this information in preparation of the 20-day pre-execution sanity report.

The Warden will have available for review all psychiatric information pertaining to the condemned inmate known to San Quentin's psychiatric staff. This information will be reviewed along with all material submitted by the inmate's attorney. Upon reviewing the information, the Warden will determine if there exists a substantial showing of insanity.

The Warden will notify the condemned inmate's attorney in writing of the results of the requested sanity review. Should the Warden, with the assistance of the independent Department of Corrections Psychiatrist, find a substantial showing of insanity, the Warden will notify the District Attorney of Marin County in accordance with Penal Code Section 3701.

The Warden will accept requests for the Warden's review of psychiatric information regarding the inmate's sanity up to 7 days prior to the scheduled execution. The procedures that are put in place by San Quentin the week prior to the execution provide the Warden with current information regarding the inmate's behavior and psychiatric condition. These procedures include more intensified psychiatric staff contact with the inmate. In addition, the inmate's behavior is continuously monitored by unit staff for the final 5 days with documentation completed every 15 minutes. Should the

inmate display unusual or inappropriate behavior, the Warden will be notified immediately by institutional staff. The Warden will take necessary steps to evaluate any reported changes including utilizing the provisions of Penal Code Section 3701, if deemed appropriate. All referrals to the Marin County District Attorney's office, under the provisions of Penal Code Section 3701, will be reported to the Director of Corrections in writing via the Deputy Director of Institutions.

The Director will notify the Governor's Legal Affairs Secretary in writing of all referrals to the Marin County District Attorney's office under the provisions of Penal Code Section 3701.

4. 10 - 7 Days Prior to an Execution:

a. The Warden will:

- 1) Compile and send a final 7-day report (original documents) to the Director via the Deputy Director, Institutions which will in essence indicate whether or not there has been any change in the inmate's mental condition since the last 20-day report. For execution dates that do not appear to be imminent, the 7-day report will be delivered to the Deputy Director, Institutions Division, 14 days prior to the scheduled execution. For imminent executions, the 7-day report will be delivered 7 days prior to the execution. The Director of Corrections shall forward the 7-day report to the Governor's Legal Affairs Secretary via the Agency Secretary, Youth and Adult Correctional Agency. This report shall be a memorandum updating the formal 20-day report based upon current observations. Intermediate reports may be submitted by the Warden any time there is a change which may have an effect under Section 3700.5 of the Penal Code.
- 2) Review the inmate's selection of witnesses and spiritual advisor(s) as provided by the Associate Warden, Unit III, and notify the inmate in writing of his/her decision to approve or deny any or all witnesses. The requested witnesses/spiritual advisor(s) must meet normal visiting criteria.

b. The Associate Warden, Unit III will:

- 1) Ascertain if the condemned inmate wishes to invite up to five (5) witnesses and two (2) spiritual advisors. If so, provide the Warden with the names and addresses.

c. The Psychiatrists (Alienists) will:

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- 1) Interview and evaluate the inmate in much the same manner as they did for the 20-day report, and submit their findings to the Warden in writing. They shall compare their current evaluations with their previous findings to determine any change in the inmate's mental condition. Their observations must be current (within 10 days preceding preparation of the report) and pertain to the inmate's mental state.

d. The Chaplain will:

- 1) Report the emotional state of the inmate, being especially sensitive to any change. The chaplain's observations will be submitted in writing to the Warden. These observations shall pertain to contacts made within 3 days preceding preparation of the report.

e. The Condemned Row Correctional Counselor II will:

- 1) Report any change in conduct or behavior in writing to the Warden.

f. The Legal Affairs Coordinator will:

- 1) Contact the next of kin or attorney by telephone to advise them that we will be asking their wishes concerning disposition of the inmate's remains.
- 2) If necessary, prepare a letter for the Warden's signature to next of kin requesting their intentions regarding the inmate's remains. Ascertain if they will claim the body. If so, advise the name and location of the contracting mortuary. If they do not intend to claim the body, the Legal Affairs Coordinator will have them so state and will notify the contracting mortuary.

g. The Public Information Officer will:

- 1) Send out written notice to all media representatives selected to be witnesses. Only those reporters, etc. in possession of an authentic original letter signed by the Warden and corresponding photo identification will be admitted to witness the execution.
- 2) Send out written notice to all media representatives selected to cover the execution event. Selection will be made of 125 total persons from legitimate media outlets. Only those bearing authentic original letters signed by the Warden will be admitted to the institution and the media center.

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h. The Lieutenant in Charge of the Chamber will:

- 1) Report in writing to the Warden that the following procedures have been accomplished:
 - (a) Staff assignments on the execution detail are ready.
 - (b) Preliminary chamber area readiness and operational checks have been made. (Needed maintenance work is requested immediately.)
 - (c) Ensure that chamber area has necessary supplies which will consist of both household and personal needs.
 - (d) Ensure that the required clothing will be available.
 - (e) Ensure that the necessary chemicals are not only available, but also properly controlled.

5. 5 Days Prior to Execution:

a. The Associate Warden, Unit III will initiate the following procedure if execution is imminent:

- 1) Direct that the inmate be moved to the designated security housing area of Condemned Row where he will be under 24-hour a day observation of an officer assigned for that purpose. The officer will check the welfare of the inmate at fifteen (15) minute intervals and log each check.

The Warden may order the inmate to be moved to the designated security housing area of Condemned Row where he will be under 24 hour a day observation of an officer assigned for that purpose at any time following receipt of the death warrant when, in the opinion of the Warden, it is necessary to maintain the safety and security of the public, the institution and/or the inmate.

- 2) Direct that all non-legal property belonging to the inmate be removed from his cell and placed under the security of the officer stationed outside the security cell. The inmate will be given the use of items by the officer as he needs them, and then return them to the officer's care.
- 3) In the event of a stay at this juncture, the Associate Warden, Unit III will initiate return of the inmate to his former housing status.

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- b. The Condemned Row Correctional Counselor II will initiate the following procedure if execution is imminent:
- 1) Interview the inmate to ascertain what request if any he may have for a last meal. The Correctional Counselor II will make the meal request known to the Food Manager and determine if Food Service will be able to fulfill the request. This answer will be reported back to the inmate, and either way, preparations made through the Food Manager for a last meal.
 - 2) Interview the inmate to discern any special requests as to the disposition of his property. The inmate will package and label any property to be sent out of the institution. The Correctional Counselor II will maintain an inventory signed receipt of all the packaged property for mailing the first weekday following the execution. In the event of an indefinite stay, the property shall be returned by a signed (inmate) receipt by the Correctional Counselor II.
 - 3) Arrange for the monitoring of all telephone calls made by the inmate via an institutional telephone. Legal calls will not be monitored but will be facilitated by staff. All calls will be logged on the pre-execution activity log. The Correctional Counselor II will ensure that the inmate has 24-hour access to a telephone for attorney contact.
 - 4) Obtain clothing sizes from the inmate and ensure that appropriate clothing is available.
 - 5) Brief the Warden, Chief Deputy Warden, Associate Warden Unit III, and Facility Captain daily as to the inmate's needs, requests, and behavior.
- c. The Chief Deputy Warden will initiate the following procedure if execution is imminent:
- 1) The Chief Deputy Warden will implement the Execution Security Plan.
- d. The Warden will initiate the following procedure if execution is imminent:
- 1) Issue a Warden's bulletin to all staff residents advising them of likelihood of a gathering or demonstration at the East Gate.
- e. The Visiting Lieutenant will initiate the following procedure if execution is imminent:

- 1) Announce to visitors and inmates via posted notice, San Quentin T.V. and any other resource available that visiting will be closed the day preceding the execution as well as the day of the execution.
- 2) Ensure that the family visiting quarters will be vacant from day 5 through the day of the execution. Prospective visitors, inmates, and housing unit staff will be so informed.
- 3) Ensure visiting for the condemned inmate is conducted as outlined in the procedure.

f. Spiritual Advisors will be allowed access to the inmate as follows:

- 1) State employed spiritual advisors selected by the inmate will be allowed to perform their spiritual functions at the cell front of the inmate's cell either on Second or Third Watch. The state employed spiritual advisor may visit the inmate in the holding cell of the execution chamber if requested by the condemned inmate.
- 2) Non-state employed spiritual advisors may visit the inmate utilizing the procedure as outlined in this procedure. Grade B inmates will be on a non-contact basis. Non-state employed spiritual advisors will not be allowed to visit the inmate in the housing unit.

6. 4 Days Prior to an Execution:

- a. The Warden will initiate the following procedures if execution is imminent:
 - 1) Issue a letter to San Quentin Village residents, Marin Rod and Gun Club and the Post Office advising them of any likelihood of a gathering or demonstration at the East Gate.
 - 2) Direct that notices be passed during staff briefings and via the Count Gate television monitor, to inform staff of the East Gate closure on the evening prior to the day of the execution
- b. The Business Manager II will:
 - 1) Notify all contractors and vendors that we will not be accepting any services or goods from 1800 hours, 2 days prior to the execution through the execution day.

7. 3 Days Prior to an Execution:

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- a. The Lieutenant in Charge of the Chamber will initiate the following procedure if execution is imminent:

- 1) Be responsible for the security of the area. A search of all materials that will come into contact with the condemned inmate will be made. All equipment will be in working order and functioning. All chemicals will be under appropriate control to prevent tampering.

The following procedures will be followed without exception:

- (a) The execution chamber area shall be closed to any and all persons not cleared by the Warden. The Lieutenant in Charge of the chamber has authorized access.
- (b) The execution chamber area keys will not be issued to any person other than the Lieutenant in Charge of the Chamber or designee.
- (c) All necessary traffic into the chamber areas will be cleared and directly supervised by the Lieutenant in Charge of the Chamber.
- (d) The chamber area, holding area, and visiting area are cleaned and sanitized daily until the execution is carried out.

8. Two Days Prior to an Execution:

- a. The Lieutenant in Charge of the Chamber will assume the following responsibilities:

- 1) Conduct an equipment check of all materials necessary to perform the execution.
- 2) Check the expiration and/or sterilization dates of all applicable items.
 - (a) Outdated items (e.g. Normal Saline bags) shall be replaced immediately.
 - (b) Sterilized packs bearing a sterilization date in excess of thirty (30) days shall be replaced or re-sterilized immediately.

9. Day Prior to an Execution:

- a. The Chief Deputy Warden will:

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- 1) Place institution on lockdown at the appropriate time commensurate with the day and hour of the scheduled execution.

b. The Warden and Associate Warden, Unit III will:

- 1) Direct that at the appropriate time commensurate with the day and hour of the scheduled execution, the inmate be rehoused in the death watch cell adjacent to the execution chamber area.

- 2) In the event the inmate has requested a spiritual advisor not employed by the Department of Corrections, the following procedure will be followed:

(a) The spiritual advisor will be permitted to visit with the inmate in the visiting room until 1800 hours if the execution is scheduled for shortly after midnight. Confidential visits in the plexiglass booths are not permitted.

(b) After visiting concludes, he/she will be given a completed unclothed body search in the appropriate restroom of the main visiting room.

(c) The spiritual advisor will be escorted through the rear search area door past Four Post, where he/she will be afforded the opportunity to use the staff restroom.

(d) The spiritual advisor will be permitted to bring the following items into the death watch area:

- (1) Personal prayer book / Bible
- (2) Communion pyx
- (3) Sacramental wafers
- (4) Other approved religious items

All items will be searched.

(e) If the spiritual advisor requests the use of the restroom, he/she will be escorted to Four Post. Another unclothed body search will be conducted before he/she is escorted back into the death watch cell.

(f) The spiritual advisor will be permitted drinking water upon request.

(g) The spiritual advisor will have no telephone access while in the death watch area.

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(h) At 2315 hours, or 45 minutes prior to the scheduled time of execution, the spiritual advisor will be escorted from the death watch cell area, through the front count gate.

(i) If the spiritual advisor has also been designated as an inmate invited witness, he/she will be escorted to a van until clearance to enter the witness area has been given. If he/she is not going to witness, the van will proceed to the West Gate where he/she will be processed out of the institution.

3) The Warden will be notified prior to any otherwise authorized visitor entering the death watch area.

c. The Lieutenant in Charge of the Chamber will:

- 1) Obtain the lethal injection
- 2) Establish a death watch on a round-the-clock basis consisting of one (1) Correctional Sergeant and two (2) Correctional Officers.
- 3) The Execution Team will arrive for pre-execution instructions. The Lieutenant in Charge will arrange for accommodations as necessary.

d. The Captain, Central Services will:

- 1) At the appropriate time commensurate with the day and hour of the scheduled execution, establish a support team to assist as needed to maintain the smooth operation of the institution
- 2) At the appropriate time commensurate with the day and hour of the scheduled execution, establish a second support team. This staffing will continue as needed the day of the execution. The support teams shall be in addition to response teams.
- 3) Ensure East Block visiting area, main visiting area, and employees' lounge are cleaned and sanitized.
- 4) At the appropriate time commensurate with the day and hour of the scheduled execution, inspect all areas.

e. The Public Information Officer will:

- 1) Activate the media center at the appropriate time commensurate with the day and hour of the scheduled execution in the In-Service Training hall. The Public Information Officer will activate the bank

of pay telephones, and otherwise address the needs of media representatives that may be operating out of the center. The assigned staff will release no information or offer any commentary unless specifically authorized by the Public Information Officer. The Public Information Officer will give regular updates to any media gathered, and notify the Assistant Director, Communications of this action.

- 2) Work with the Assistant Director, Communications to prepare a biographical and general information sheet on the inmate for briefing notes for the media, including California Department of Corrections I.D. photo. A copy of this biographical and general information sheet will be sent to the Assistant Director of Communications.
- 3) At the time designated by the Warden, identify the media witnesses and escort them to their waiting area room at In-Service-Training (IST). The Public Information Officer will instruct the media witnesses there will be no cameras, recorders, sketch pads, etc. These items will be deposited at the media center for later retrieval. No such equipment will be allowed in the witness gallery. Pencils and notepads will be provided. The Public Information Officer may utilize the metal detector at the Inspectoscope Gate, or any other search method deemed necessary and reasonable.
- 4) The Warden through the Public Information Officer will designate a cut off time for the media to arrive as outlined in the Execution Security Plan.

f. The Official Witnesses will:

- 2) Meet in the designated area at the designated time for greeting by Warden.

10. Day of an Execution:

a. The Warden will:

- 1) Assure all witnesses are appropriately accommodated.
- 2) Usher the official witnesses to their assembly area and give final instructions as needed.
- 3) Approximately one-half hour before the execution, take his/her position at the execution chamber.

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- 4) Direct that the witnesses be escorted into the witness area and take their designated places.
 - 5) At the designated time of the execution, after all witnesses are in their designated places, issue the first of the required four commands:
 - (a) Ready the inmate.
 - (b) Bring the inmate out.
 - (c) Strap the inmate into the injection chair.
 - (d) Place the catheters in each arm and start the saline solution.
 - 6) Once the saline solution is flowing, direct a member of the execution team stationed on the witness area side of the locked door leading to the execution anteroom to read a prepared statement detailing the court order mandating the execution.
 - 7) Order the administration of the lethal injection until inmate is pronounced dead.
 - 8) Upon verification by one of the attending physicians, a member of the execution team will read a prepared statement announcing the death of the inmate.
 - 9) Immediately following the execution, thank witnesses. Arrange for their safe departure from the institution with the Investigations Unit Captain.
 - 10) Approximately 1 hour after the execution, the Warden will issue a statement to the media.
- b. The Associate Warden, Unit III will:
- 1) Approximately 2 hours prior to execution, meet with Warden.
- c. A State Physician will:
- 1) Attend with another staff physician, and by monitoring the heart of the inmate, or by whatever means appropriate, determine and pronounce death.
- d. The Public Information Officer will:
- 1) After receiving the order from the Warden, escort the media witnesses into the witness gallery.
 - 2) Immediately upon Declaration of Death, take note of the exact time and usher the media witnesses directly

to the media center where they will give pool commentary and recount to the other assembled media. The Public Information Officer will give no commentary until after the official statement by the Warden.

3) Accompany the Warden to the post execution press conference. Field questions that follow the Warden's statement.

4) As soon as possible after the issuance of the official statement, usher all media out of the prison grounds.

e. The Administrative Assistant to the Warden will:

1) Assist the Public Information Officer in escorting news media into media center.

2) Escort the official and other witnesses into the witness gallery.

3) Assign a Correctional Officer to escort witnesses invited by inmate and/or the inmate's legal team from the West Gate to the designated areas. The correctional officer will remain with these witnesses and assist in escorting to the witness gallery. It is customary that not all members of the legal team actually witness the execution, but are on grounds until the execution has been carried out.

B. WITNESSES TO AN EXECUTION

1. Types of Witnesses:

a. Official Witnesses:

Official witnesses as defined in Section 3605 of the California Penal Code, will not have their names made public. Official Witnesses will be escorted into the viewing room first, and take seats at the rail.

b. Witnesses and Other Observers (staff, etc.)

Witnesses and observers will not have their names made public. Witnesses will be escorted into the viewing room second, taking their places upon the east risers.

c. News Media Witnesses

News media witnesses will be admitted according to Section D - NEWS MEDIA. News media witnesses will not have their names made public, unless they choose to do so. Media witnesses will be escorted into the viewing room third, taking their places upon the north risers.

d. Inmate Requested Witnesses

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Inmate requested witnesses will be escorted into the viewing room fourth, taking their places upon the south risers.

2. Allocation of Available Space:

The total capacity of the witness area of the execution chamber is fifty (50) persons. The distribution of those present shall be as follows:

Attorney General	1
Staff	4
Official Witnesses	12
Governor's Witnesses	4
Director's Witnesses	3
YACA Witnesses	2
News Media Witnesses	17
Witnesses Requested by Inmate-	
Family and Friends	5
Spiritual Advisors	<u>2</u>

TOTAL 50

3. Request for Witnesses by the Condemned Inmate:

- a. All requests to witness an execution, including the inmate's request to have family or friends present, shall be directed in writing to the Warden. The Warden shall choose those persons who will be allowed to do so and will notify them, in writing, no later than seven (7) days before a scheduled execution, pursuant to Section 3605 of the Penal Code.

4. Selection of News Media Witnesses (maximum 17):

- a. When an execution is scheduled, the Warden will request that the Assistant Director, Communications notify the media and establish a filing period in which to accept media requests to witness the execution. All media requests to witness each execution shall be directed in writing to the Communications Office, Headquarters. All letters of request will be date stamped upon receipt. They will only be considered for the scheduled execution and will not be kept "on file." Requests will only be accepted immediately prior to the date of execution and not after the filing period. Media is defined in Title 15, CCR Section 3000 and DOM subsection 13010.5.
- b. The Assistant Director-Communications shall consult with the Warden and his Public Information Officer and assist them in selection of the members of the news media to witness an execution. All media witnesses must agree to the use of a "pool" method and all members must agree to release information simultaneously to all other news agencies at a press conference held as soon as possible after the execution. The media witnesses will not be permitted

any cameras, tape recorders, or drawing implements, etc., in the witness area. Pencils and notepads will be provided.

5. Procedures for Selecting Victim Family Witnesses:

- a. The highest priority will be given to include victims' family members who request to witness the execution procedure. If a large number of victims exist, the selection criteria shall attempt to include at least one family member per victim.

6. Procedures for Processing Witnesses:

- a. All witnesses need to arrive at the institution's West Gate at the time designated by the Warden. Parking will be in the designated parking area. All witnesses will be processed through the Inspectoscope Gate.
 - 1) No blue jeans, i.e., jeans-style blue, black, or gray pants or Levi's.
 - 2) No cameras or recording equipment. Pencils and notepads will be furnished to media witnesses.
- b. All witnesses must have a photo ID.

6. Witnesses Accommodation Prior to Execution:

- a. After processing, witnesses will be escorted to their designated areas until time to move to the execution chamber. At a time announced by the Warden, the witnesses will be escorted to the witness area and directed to their designated places.

7. Witness Accommodation After Execution:

- a. After the announcement of death, the official and other witnesses will be escorted to a designated area. The inmate's witnesses will be transported to their transportation at the West Gate.
- b. The media witnesses will be transported to the media staging area to await the Warden's press conference approximately one hour after a scheduled execution.

D. NEWS MEDIA

1. Responsibility:

The Public Information Officer, under the direction of the Warden, in conjunction with the Assistant Director of Communications, is responsible for coordination of news media personnel pursuant to an execution.

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